## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

467292 (9)

CLARK, PARTINGTON, HART & HART. P.A.

Mailing Address Principal Place of Business P O BOX 13010 P O BOX 13010 PENSACOLA FL 32591-0010 PENSACOLA FL 32591-3010 3a. Date of Last Report 3. Date Incorporated or Qualified <u>01/08/1975</u> 02/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1564790 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country  $Z_{\rm IP}$ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CLARK, WILLIAM H. **433 CREARY ST** 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FLORIDA 32507 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both on the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent it am familiar puth and alcording biologations of, Section 607.0505, Florida Statutes.

SIGNATURE SIGNATURE DATE thined agest and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE THILE D 1.1 100 6 HART, W C 1.2 NAME NAME 4675 FRANCISCO 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA, FL 00000 1.4 CITY - ST - ZIP CITY-\$1-ZIF Change Addition DELETE 2.1 TITLE TITLE HART, ROBERT D JR 2.2 NAME NAME 4575 FRANCISCO 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA, FL 00000 2.4 CITY - ST - ZIP CITY-S1-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE CLARK, WILLIAM H 3.2 NAME NAME 433 CREARY ST STREET ADDRESS 3 3 STREET ADDRESS PENSACOLA FL 34. CITY-ST-ZIP CITY - \$1 - 201 Change Addition DELETE 41 TITLE me PARTINGTON, DONALD H 4 2 NAME NAME 1109 N REUS ST STREET ADDRESS 4.3 STREET ADDRESS PENSACOLA FL CUTY - S1 - ZIP 4.4 CITY - ST- ZIP Change Addition DELETE 51 TITLE THILE 5.2 NAME NAVI: STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHY+\$1+2IP Change Addition DELETE 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

Jan 22 1997 8:00am

Secretary of State

SIGNATURE:

appears in Block 12 or Block 13 if changed, or or

MAME

STREET ADDRESS

CITY-ST- ZIP

ME OF SIGNING OFFICER OR DIRECTOR

attachment with an address