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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 527639

1. Corporation Name

PITTMAN & ASSOC., INC.

Mailing Address

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90028 043 ***150.00



Principal Place of Business 3407 NORTH "L" STREET 3407 NORTH "L" STREET PENSACOLA FL 32505 PENSACOLA FL 32505 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/11/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1726635 26 Not Applicable 21 \$8.75 Additional Suite. Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zio Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PITTMAN, OSCAR W. 82 Street Address (P.O. Box Number is Not Acceptable) 3407 NORTH "L" STREET PENSACOLA FL 32505 84 City Zip Code 85 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, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition ☐ DELETE 1.1 TITLE ☐ Change TITLE PITTMAN, OSCAR W. 1.2 NAME NAME 100 SAVANNAH ST. 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 1.4 CITY-ST-ZIP CITY+ST-ZIP Change Addition ☐ DELETE TITLE 2.1 TITUE PITTMAN, LOU G. NAME 2.2 NAME 100 SAVANNAH ST. 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2.4 CiTY-ST-ZIP ☐ Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C/TY-ST-ZIP ☐ Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ OELETE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 supplemental 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 appears in Block 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Mua AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)