## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	996 DIVISION OF CORPORATIONS			ONS			
DOCU 1. Corporatio	MENT # 53114	45 (1)					
BELL,	SCHUSTER & WHEELER,	P.A.					
Principal Place	e of Business	Mailing Address			1 MANUAL ALLON (1800) (183) \$1	ADI BIRI DIDIL BIDI	a Briail ardir diğir bişiy bibir
119 WEST ( P. O. BOX 1	GARDEN STREET	119 WEST GARDEN	STREET				
PENSACOLA		P. O. BOX 12584 PENSAÇOLA FL 325	73				
					3. Date Incorporated or Qualified		of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address		04/01/1977 4. FEI Number		3/21/1995 Applied For	
]		26			NOT APPLICABLE		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional
City & State	e	City & State			6 Floating Compaign Figuresian		Fee Required
]		28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 1	Country	Zip	Country	,	8. This corporation has liability for		
	25 9. Name and Address of Curr	29 Pagistored Ament	30			s []No	
	g, Hamo and Address of Cult	ent negistered Agent	81	Name	10. Name and Address of New	Registered A	gent
WHEEL	ER, THOMAS E. JR.		-	<u></u>			
	GARDEN STREET		82	Street Add	ress (P.O. Box Number is Not Accepti	ıbie)	
PENSAC	COLA FL 32501		83				
			84	City			85 Zip Code
1 Dureuant t	to the provisions of Postions 607.05	20 1 607 1600 51		'		<u>FL</u>	
or register	red agent, or both, in the State of Flo	rida. Such change was authori	ites, the above-r ized by the comp	named corpo oration's boa	oration submits this statement for the pard of directors. I hereby accept the ap	urpose of char pointment as r	iging its registered offici registered agent. I am
GNATURE	th, and accept the obligations of, Se	ction 607.0505, Florida Statute	es.				•
IGNATURE _	Signature, typed or printed name of registered ago	int and title if applicable (N	IOTE: Registered Ager	il Bignature require	ed when reinstating)	DATE	
2. TLF		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
intr IME	V Schuster, Charles A.	☐ DELETE	1. 1 TITLE				Change
REET ADDRESS	119 W. GARDEN STREET		1.2 NAME 1.3 STREET	AUDDECC			
TY-S1-ZIP	PENSACOLA FL		1.4 CITY - S				
ī. <b>F</b>	P	☐ DELETE	2 1 TITLE				Change Addition
ME	BELL, ROBERT D		2 2 NAME				
REET ADDRESS	119 W. GARDEN STREET		23 STREET				
Y-ST-ZIP LF	PENSACOLA FL ST	DELETE	2.4 CITY - S 3. 1 TITLE	T-ZIP			(A)
ME	WHEELER, 1HOMAS E.	verete	3.2 NAME	-		L	Change
REET ADDRESS	119 W. GARDEN STREET		3.3. STREET	ADDRESS			
Y-ST-ZIP	PENSACOLA FL		34 CITY - S	1-ZIP			
LE		DELETE	4. 1 TITLE				Change
ME SELLADDDCEC			4.2 NAME				
EET ADDRESS Y-ST-ZIP			4.3 STREET				
.E		DELETE	4.4 CITY-S	1-41			Change
ME		_	5 2 NAME			L	I yaddada
EET ADDRESS			5.3 STREET	ADDRESS			
Y - ST - 7IP			54 CITY-S	I-ZIP			
.F 1/E		☐ DELETE	6 1 TITLE				Change Addition
EET ADDRESS			6.2 NAME	ADDESC			
Y-ST-ZIP			6.3 STREET . 6.4 CITY-ST				
. I do hereby	certify that the information supplied	with this filing is voluntarily furn	nished and does	not qualify for	or the exemption stated in Section 119	.07(3)(k), Flork	da Statutes. I further
oath; that I	am an officer or director of the corp	iual report or supplemental and oration or the receiver or truste	nual report is trui e empowered to	2 200 200 40	ite and that my signature shall have the s report as required by Chapter 607, F		Mark M
appears in	Block 12 or Block 13 if changed, or	on an attachment with an add	ress.		1/		
IGNAT	URE:// / <	Like			4/18/01	914	438-/69 /
	SKONATURE AND TYPED	H PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR		bate bate	Dayl	ime Phone I