FILE NOW: FILING FEE AFTER MAY 1 IS $225.00.

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JUN 19 AM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 604384 (8)

1. Corporation Name

JOHN M. SANSOM, P.A., ~~CERTIFIED PUBLIC ACCOUNTANT~~

Principal Place of Business	Mailing Address
~~420 BAYFRONT PARKWAY~~ P O BOX 12503 PENSACOLA FL 32573-9503	~~420 BAYFRONT PARKWAY~~ P O BOX 12503 PENSACOLA FL 32573-9503

3. Date Incorporated or Qualified: 06/04/1973
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1469273 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANSOM, JOHN M.
P O BOX 12503
420 BAYFRONT PARKWAY
PENSACOLA FL 32573-9503

10. Name and Address of New Registered Agent

81 Name: John M. Sansom
82 Street Address (P.O. Box Number is Not Acceptable): 4141 Pine Forest Road
83
84 City: Cantonment FL 85 Zip Code: 32573

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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	PSD ☒ Change ☐ Addition
NAME	SANSOM, JOHN M. 03077-		1.2 NAME	Sansom, John M.
STREET ADDRESS	PMB 1000		1.3 STREET ADDRESS	P.O. Box 12503 4141 Pine Forest Rd
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Pensacola, FL. 32573-9503
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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-06/27/96--01021--005
****200.00 ****200.00

REMITTED BY MAY 1

6/21/96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: John M. Sansom — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/30/96 Daytime Phone #: 904-476-5572