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

DOCUMENT # **646454** **(9)**

1. Corporation Name

PEN GULF, INC.

Principal Place of Business	Mailing Address
1402 W. ZARRAGOSSA STREET **P.O. BOX 12916** **PENSACOLA FL 32576**	**1402 W. ZARRAGOSSA STREET** **P.O. BOX 12916** **PENSACOLA FL 32576**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **11/28/1979**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-1953552** ☐ 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

COX, NANCY R.
1402 ZARRAGOSSA STREET
PENSACOLA FL 23501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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, 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	P	☐ DELETE	11 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	COX, NANCY R.		12 NAME	DAVID D. DORMAN	
STREET ADDRESS	1402 ZARRAGOSSA ST.		13 STREET ADDRESS	1402 W. ZARRAGOSSA ST.	
CITY-ST-ZIP	PENSACOLA FL		14 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	ST	☒ DELETE	21 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	BUSKIRK, ELEANOR		22 NAME	STEVEN D. BLOUNT	
STREET ADDRESS	1402 W ZARRAGOSSA ST		23 STREET ADDRESS	1402 W. ZARRAGOSSA ST.	
CITY-ST-ZIP	PENSACOLA, FL 00000		24 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		☐ DELETE	31 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			32 NAME	CAROL S. AMMONS	
STREET ADDRESS			33 STREET ADDRESS	1402 W. ZARRAGOSSA ST.	
CITY-ST-ZIP			34 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		☐ DELETE	41 TITLE	TREASURER	☐ Change ☒ Addition
NAME			42 NAME	GARY WADE	
STREET ADDRESS			43 STREET ADDRESS	1402 W. ZARRAGOSSA ST.	
CITY-ST-ZIP			44 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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 an an attachment with an address.

SIGNATURE: Nancy R. Cox NANCY R. COX 3/5/96 904/433-6302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #