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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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 32576-2916**

3. Date Incorporated or Qualified: **11/28/1979**
3a. Date of Last Report: **03/20/1996**

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: **59-1953552** ☐ 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	COX, NANCY R.		12 NAME		
STREET ADDRESS	1402 ZARRAGOSSA ST.		13 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		14 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BLOUNT, STEVEN D		22 NAME		
STREET ADDRESS	1402 ZARRAGOSSA ST		23 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000		24 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DORMAN, DAVID D		32 NAME		
STREET ADDRESS	1402 W ZARRAGOSSA ST		33 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		34 CITY-ST-ZIP		
TITLE	S	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	AMMONS, CAROL S		42 NAME		
STREET ADDRESS	1402 W ZARRAGOSSA ST		43 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		44 CITY-ST-ZIP		
TITLE	T	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	WADE, GARY		52 NAME		
STREET ADDRESS	1402 W ZARRAGOSSA ST		53 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		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 (9/96)

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 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: Gary Wade — 1-7-97 — 904-433-6302

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