


2/3/98 B-1369-0
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 715329 (9) | | | | | |
| 1. Corporation Name THE PENSACOLA PEN WHEELS, INC./PENSACOLA EMPLOY THE HANDICAPPED COUNCIL | | | | | |

| | | | |
|--|--|---|--|
| Principal Place of Business 2210 WARREN JERNIGAN PL PENSACOLA FL 32514 US | | Mailing Address 320 W CERVANTES ST PENSACOLA FL 32501 US | |
|--|--|---|--|

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

| | |
|--|---|
| 3. Date Incorporated or Qualified 10/01/1968 | |
| 4. FEI Number 71-5329271 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent JERNIGAN, WARREN H. 2210 WARREN JERNIGAN PLACE PENSACOLA FL 32514 | |
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|--|--|
| 10. Name and Address of New Registered Agent | |
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|----------------------------|------------------------------------|
| 12. OFFICERS AND DIRECTORS | |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | JERNIGAN, WARREN H. |
| STREET ADDRESS | 2210 WARREN JERNIGAN PL |
| CITY-ST-ZIP | PENSACOLA FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | YAX, LAWRENCE D |
| STREET ADDRESS | 4304 BURTONWOOD DR |
| CITY-ST-ZIP | PENSACOLA FL |
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | SMITH, BARBARA D |
| STREET ADDRESS | 5605 VESTAVIA LANE |
| CITY-ST-ZIP | PENSACOLA FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | BOARD, WILLIAM J |
| STREET ADDRESS | 4525 SOUNDSIDE DR |
| CITY-ST-ZIP | GULF BREEZE FL |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | SHEPPARD, LINDA C |
| STREET ADDRESS | 1612 PARADISE BAY DR |
| CITY-ST-ZIP | GULF BREEZE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. BARBARA D. SMITH

SIGNATURE: Barbara D. Smith 1-14-98 (850) 432-8111

CR2E037 (10/97)