FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:42

DOCUMENT # **740974** **(1)**

1. Corporation Name

PENSACOLA SECTION, INSTRUMENT SOCIETY OF AMERICA , INC.

Principal Place of Business	Mailing Address
1878 E NINE MILE RD #1405 PENSACOLA FL 32514 US	1878 E NINE MILE RD #1405 PENSACOLA FL 32514 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1977
3a. Date of Last Report: 03/16/1994
4. FEI Number: 58-2349868 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 ATTN: ACTING TREASURER
Suite, Apt. #, etc.
22 1542 HUNTERS CREEK DR.
City & State
23 CANTONMENT FL
Zip 24 32533 Country 25 USA

2a. Mailing Address
20 P.O. BOX 1028
Suite, Apt. #, etc.
27
City & State
28 GONZALES FL
Zip 29 32560-1028 Country 30 USA

9. Name and Address of Current Registered Agent

RAWSON, SONNY
1878 E NINE MILE RD
#1405
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name: SONNY RAWSON
82 Street Address (P.O. Box Number is Not Acceptable)
83 1542 HUNTER'S CREEK DR.
84 City: CANTONMENT FL 85 Zip Code: 32533

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: [signature] TREASURER 4-3-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	BROWN, PAMELA M	1.2 NAME	BRIGMAN, ROBERT D.	
STREET ADDRESS	10370 MCARTHUR LANE	1.3 STREET ADDRESS	2830 HWY 297A	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	DUNSFORD, GARY	2.2 NAME	CAMPNEY, OWEN	
STREET ADDRESS	1946 FELDON LANE	2.3 STREET ADDRESS	4451 WHISPER DR.	
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	3.1 TITLE	TD	☐ Change ☑ Addition
NAME	RAWSON, SONNY	3.2 NAME	RAWSON, SONNY	
STREET ADDRESS	1878 E NINE MILE RD #1405	3.3 STREET ADDRESS	1542 HUNTER'S CREEK DR.	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	OWEN, CAMPNEY	4.2 NAME	MOORE, DIANE	
STREET ADDRESS	4451 WHISPER DR	4.3 STREET ADDRESS	375 MUSCOGEE RD.	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-3-95 904-968-6362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #