

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Jul 28, 2000 8:00 am
Secretary of State

03-14-2000 90211 035 ****61.25

DOCUMENT # 740974

1. Entity Name

PENSACOLA SECTION, INSTRUMENT SOCIETY OF AMERICA *R*

Principal Place of Business

Mailing Address

ATTN: ACTING TREASURE
 1542 HUNTERS CREEK DR.
 CANTONMENT FL 32533
 US

P O BOX 1028
 GONZALES FL 32560-1028
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2349868

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAWSON, SONNY
 1542 HUNTER'S CREEK DR
 CANTONMENT FL 32533

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE SONNY RAWSON - TREASURER *[Signature]* 3-9-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRIGMAN, DOUG	
STREET ADDRESS	2830 HWY 297A	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAWSON, SONNY	
STREET ADDRESS	1542 HUNTERS CREEK DR	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LISTER, LU	
STREET ADDRESS	5264 EMERALD DR	
CITY-ST-ZIP	PACE FL 32571	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRU WATSON	
STREET ADDRESS	634 SOUTHERN WAY	
CITY-ST-ZIP	SPANISH FORT, AL 36527	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LU LISTER	
STREET ADDRESS	5264 EMERALD DR	
CITY-ST-ZIP	PACE FL 32571	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEH DENHAM	
STREET ADDRESS	211 FAIRPOINT DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* 3-9-00 850-937-8610
Signature and typed or printed name of signing officer or director Date Daytime Phone #



DO NOT WRITE IN THIS SPACE