SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 768688 (4)

1. Corporation Name
PURCHASING MANAGEMENT ASSOCIATION OF NORTH WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
UNIV OF W FLA 11000 UNIVERSITY PARKWAY - BLDG 8 PENSACOLA FL 32514	UNIV OF W FLA 11000 UNIVERSITY PARKWAY - BLDG 8 PENSACOLA FL 32514

3. Date Incorporated or Qualified: 06/01/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 Esc County School Bd	26 Esc County School Bd
Suite, Apt. #, etc. 22 215 West Garden ST	Suite, Apt. #, etc. 27 215 West Garden ST
City & State 23 Pensacola, FL	City & State 28 Pensacola, FL
Zip: 24 32501 Country: 25 Escambia	Zip: 29 32501 Country: 30 Escambia

4. FEI Number: 59-2448726 ☐ 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	10. Name and Address of New Registered Agent
SINGLETARY, R. M. 11000 UNIVERSITY PKWY - BLDG 8 PENSACOLA FL 32514	81 Name: Boyer, Barry 82 Street Address (P.O. Box Number is Not Acceptable): 215 West Garden Street 83 84 City: Pensacola FL 85 Zip Code: 32501

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Barry Boyer 8/2/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, ELAINE 4593 HWY 90 PENSACOLA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Boyer, Barry 215 West Garden Street Pensacola, Florida 32501	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WATERS, ANDREW 180 GOVERNMENTAL CENTER PENSACOLA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Smith, Elaine 4593 Highway 90 Pensacola, FL 32591	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CALDER, MIKE 4575 HWY 90 E PACE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD Paul Lewis 9101 Ely Street Pensacola, FL 32514	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEWIS, PAUL 9101 ELY STREET PENSACOLA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S Jennifer Siebenaler 375 Muscogee Road Cantonment, FL 32533	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GAFFORD, SHARON 180 GOVERNMENTAL CENTER PENSACOLA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T Sharon Gafford 180 Governmental Center Pensacola, FL 32501	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/96)

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: Sharon Gafford 7-29-96 (904)435-1835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sharon Gafford, Treasurer