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 JUN 29 AM 8:16

DOCUMENT # 770826 (6)

1. Corporation Name

PRIVATE INDUSTRY COUNCIL OF OKALOOSA, SANTA ROSA , AND WALTON COUNTY CONSORTIUM INC.

Principal Place of Business	Mailing Address
A ROSA. AND WALTON COUNTY CONSORTIUM INC. 109 8TH AVENUE SHALIMAR FL 32579	A ROSA. AND WALTON COUNTY CONSORTIUM INC. 109 8TH AVENUE SHALIMAR FL 32579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2326926 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SAXON, MICHAEL
1655 S FERDON BLVD
GULF POWER CO
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name: Marge Crawford
82 Street Address (P.O. Box Number is Not Acceptable): Seagrove on the Beach
83 Route 1, Box 3840
84 City: Santa Rosa Beach FL 85 Zip Code: 32549

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: Marge Crawford
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	C	11 TITLE	Chairperson	☒ Change ☐ Addition
NAME	SAXON, R. MICHAEL	12 NAME	CRAWFORD, MARGE	
STREET ADDRESS	1655 S FERDON BLVD	13 STREET ADDRESS	Seagrove on the Beach, Route 1, Box 3840	
CITY-ST-ZIP	CRESTVIEW FL	14 CITY-ST-ZIP	Santa Rosa Beach, FL 32549	
TITLE	VC	21 TITLE	VC	☒ Change ☐ Addition
NAME	CRAWFORD, MARGE	22 NAME	SCHNITZIUS, JERRY	
STREET ADDRESS	RT 1 BOX 3840	23 STREET ADDRESS	Post Office Box 4490	
CITY-ST-ZIP	SANTA ROSA BEACH FL	24 CITY-ST-ZIP	Fort Walton Beach, FL 32549	
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	APLIN, CHARLES	32 NAME		
STREET ADDRESS	120 LOWERY PL	33 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	FLEET, ROBERT	42 NAME	McHENRY, JAMES	
STREET ADDRESS	RT 1 BOX 3800	43 STREET ADDRESS	11 East Nelson Avenue	
CITY-ST-ZIP	SANTA ROSA BCH FL	44 CITY-ST-ZIP	DeFuniak Springs, FL 32433	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	ELGIN, ROBET	52 NAME	COUEY, NED	
STREET ADDRESS	4400 HWY 20 E, STE 503	53 STREET ADDRESS	100 College Boulevard	
CITY-ST-ZIP	NICEVILLE FL	54 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	SALTER, DON	62 NAME	WORLEY, DOUGLAS	
STREET ADDRESS	904 DOGWOOD ST	63 STREET ADDRESS	1130 Highway 90 West	
CITY-ST-ZIP	MILTON FL	64 CITY-ST-ZIP	Milton, FL 32570	

REMITTED BY MAY 1

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: Marge Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
MARGE CRAWFORD

Date: March 8, 1995
Daytime Phone #: 904/231-1330

007/2611