FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

2-7-96 B-0833---C

DOCUMENT # **F42227** (1)

1. Corporation Name

PITTS AND PITTS, CHARTERED, CERTIFIED PUBLIC ACC OUNTANTS

Principal Place of Business	Mailing Address
1150 NORTH 12TH AVENUE **PENSACOLA FL 32501**	**1150 NORTH 12TH AVENUE** **PENSACOLA FL 32501**

3. Date Incorporated or Qualified: **08/27/1981**

3a. Date of Last Report: **01/31/1995**

4. FEI Number: **59-2124801** ☐ 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 X Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Street, Apt. #, etc.	27 Street, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PITTS, DOYLE
1150 N 12TH AVE
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 (Required when reinstating, changing registered agent, or changing registered office) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	S	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	PITTS, DOYLE		2 NAME	
STREET ADDRESS	610 TANGLEWOOD DR		3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000		4 CITY-ST-ZIP	
2 TITLE	DV	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	PITTS, DOYLE C		6 NAME	
STREET ADDRESS	83 MONARCH LANE		7 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000		8 CITY-ST-ZIP	
3 TITLE	TDP	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	PITTS, DOYLE		10 NAME	
STREET ADDRESS	610 TANGLEWOOD DR		11 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000		12 CITY-ST-ZIP	
4 TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
5 TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
6 TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntary, furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doyle Pitts Doyle Pitts 2-2-96 (904)433-6313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)