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

DOCUMENT # F53726 (8)

1. Corporation Name

LIBERTY HOLDING COMPANY

Principal Place of Business

201 N PALAFOX ST
P.O. BOX 13210
PENSACOLA FL 32591-0210

Mailing Address

201 N PALAFOX ST
P.O. BOX 13210
PENSACOLA FL 32591-0210

3. Date Incorporated or Qualified: 11/16/1981

3a. Date of Last Report: 01/23/1995

4. FEI Number: 59-2137106 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX — $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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

REEVES, JAMES J
730 BAYFRONT PKWY., SUITE 4B
PENSACOLA FL 32501

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 607.1508, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	~~SD~~ Secretary	☐ DELETE
NAME	RICHERSON, DELORIES R	
STREET ADDRESS	116 1/2 S PALAFOX ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	XXX DELETE
NAME	GILMORE, LONNIE	
STREET ADDRESS	1203 E HERNANDEZ ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☐ DELETE
NAME	TAIT, THOMAS D	
STREET ADDRESS	8509 PUNTA LORA	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☐ DELETE
NAME	HUNT, WILLIAM A	
STREET ADDRESS	411 N SUNSET BLVD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	CD	☐ DELETE
NAME	WILDER, MARTHA	
STREET ADDRESS	322 DEER POINT DR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	☐ DELETE
NAME	ROBERTSON, WILSON B.	
STREET ADDRESS	9181 WOODRUN PL	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	Richard A. Davis	
1.3 STREET ADDRESS	2434 Bayshore	
1.4 CITY-ST-ZIP	Gulf Breeze, Fl 32561	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	C. Dale Mansfield	
2.3 STREET ADDRESS	605 Meander Circle	
2.4 CITY-ST-ZIP	Cantonment, Florida 32533	
3.1 TITLE	D	☐ Change ☐ Addition
3.2 NAME	Robert E. Boothe, Jr.	
3.3 STREET ADDRESS	9300 Neuman Drive	
3.4 CITY-ST-ZIP	Elberta, Al 36530	
4.1 TITLE	Lewis Doman (Director)	☐ Change ☐ Addition
4.2 NAME	1213 Willowood Lane	
4.3 STREET ADDRESS	Gulf Breeze, Florida 32561	
4.4 CITY-ST-ZIP		
5.1 TITLE	President & Director	☐ Change ☐ Addition
5.2 NAME	Jerry W. Morrison	
5.3 STREET ADDRESS	1145 Sawgrass Drive	
5.4 CITY-ST-ZIP	Gulf Breeze, Florida 32561	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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

SIGNATURE: Delories R. Richerson — 1-22-96 — 904-435-6728

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

Delories R. Richerson, Secretary