FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 MAR 28 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MWB

DOCUMENT # **F95000005357 (7)**

1. Corporation Name
~~BOND, BOTES & CRAWFORD, P.C.~~
BOND + BOTES PENSACOLA, P.C.

Principal Place of Business	Mailing Address
220 WEST GARDEN STREET SUITE 504 PENSACOLA FL 32501	220 WEST GARDEN STREET SUITE 504 PENSACOLA FL 32501-5744

3. Date Incorporated or Qualified: 10/31/1995	3a. Date of Last Report: 04/06/1996
4. FEI Number: 59-3341329	☐ 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	

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	10. Name and Address of New Registered Agent
BOTES, BRADFORD W. 220 WEST GARDEN STREET SUITE 504 PENSACOLA FL 32501	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOTES, BRADFORD W	1.2 NAME	000002127830--3
STREET ADDRESS	15 SOUTH 20TH ST., SUITE 1325	1.3 STREET ADDRESS	-03/28/97--01144--003
CITY-ST-ZIP	BIRMINGHAM AL 35233	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOND, MARK W	2.2 NAME	
STREET ADDRESS	15 SOUTH 20TH ST., SUITE 1325	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35233	2.4 CITY-ST-ZIP	
[redacted]	SD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, JAMES W JR	3.2 NAME	
STREET ADDRESS	220 WEST GARDEN STREET SUITE 504	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SYKSTUS, RONALD C	4.2 NAME	
STREET ADDRESS	200 CLINTON AVE. N.W., SUITE 705	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL 35801	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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: Mark W. Bond, V.P. 3-17-97 (205)254-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D484284