FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State
03-26-1999 90020 044 ***150.00

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DOCUMENT # G61466

1. Corporation Name
JEMCO OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
6000 PENSACOLA BLVD PENSACOLA FL 32505 US	6000 PENSACOLA BLVD PENSACOLA FL 32505 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/28/1983

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

4. FEI Number: 59-2343376 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MERCER, JOSEPH EDWARD
6000 PENSACOLA BLVD
PENSACOLA FL 32505

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MERCER, JOSEPH EDWARD		1.2 NAME	MERCER, JOSEPH EDWARD	
STREET ADDRESS	8525 JADE ACRES RD		1.3 STREET ADDRESS	2324 EAST LAKEVIEW AVE	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	TURNER, HAROLD ALLEN		2.2 NAME	TURNER, HAROLD ALLEN	
STREET ADDRESS	6541 COSTA MESA DRIVE		2.3 STREET ADDRESS	3156 MARCUS POINTE DR	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	S	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	SMITH, TINA MARIE		3.2 NAME	SMITH, TINA MARIE	
STREET ADDRESS	222 KENMORE ROAD		3.3 STREET ADDRESS	2438 CAVALLA LOOP	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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 (11/98)

14. I 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, with all other like empowered.

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