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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H00820 (1)

REL PENSACOLA, INC.

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 23 1998 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address				t jastati siit darii darbi ibira tibii asti atti dibit dibit dibit dibit dibit dibit
1175 GULF BREEZE PKWYP.O. BOX 566 P.O. BOX 566						
GULF BREEZI US	FL 32562-0566	GULF BREEZE FL 32562-0566 US				DO NOT WRITE IN THIS SPACE
v		00				3. Date Incorporated or Qualified
ì						04/26/1984
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-2413319 Not Applicable
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22 City & Stat		City & State				Fee Required
— '	8	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip Country			· · · · · · · · · · · · · · · · · · ·	B. This corporation owes or has paid the current year Intangible
24 25		29 30			Personal Property Tax due June 30. Yes No	
						10. Name and Address of New Registered Agent
LEATHERBERRY, DARRIN T. 8					Name	
1314 14TH AVE			}	82	Street Add	ress (P.O. Box Number is Not Acceptable)
PE	NSACOLA FL 32503		ļ			
				83		
	•		ŀ	84	City	■■ 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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered age:	ot and till. It workenhile. INC	TC: Doblatored	LAgo	nt bioget se segui	red when reinstating) DATE
12.	OFFICERS AND		13.	Rye	ur eiðusovie redtu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	DELETE	1.1 Tit	ιE		☐ Change ☐ Addition
NAME	LEATHERBERRY, ROBERT E.		1.2 NA	ME	İ	
STREET ADDRESS	1009 S. CLINTON ST.		1.3 \$11	REET	ADDRESS 3	3914 INDIA COVE
CITY-ST-ZIP	STOCKBRIDGE MI		1.4 C()	Y-S1	1-ZIP Z	Fulf Breeze Fl 32561
TITLE	DS	☐ DELE TE	2.1 T/T	LF.		☑ Change ☐ Addition
NAME	LEATHERBERRY , ESTHER N.		2.2 NA	ME	_	and a P
STREET ADDRESS	1009 S. CLINTON ST.		2.3 ST	REET.	address 💆	914 INDIA LOVE
CITY-ST-ZIP	\$TOCKBRIDGE MI		2. 4 CI	TY-S	37-ZIP 6	rulf Breeze Fl 32561
TITLE	V	☐ DELETE	3.1 117	LE		3914 INDIA COVE SUSF Breeze F1 32561 Change Addition 1914 INDIA COVE SUSF Breeze F1 32561 Change Addition
NAME	LEATHERBERRY, DARRINT		3.2 NA	ME		
STREET ADDRESS	1314 14TH AVE		3.3 ST6	REET.	ADDRESS	
CITY+ST-ZIP	PENSACOLA FL		3.4. Ci		T-ZIP	
TITLE		☐ DELETE	4.1 TIT			Change Addition
NAME			4. 2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		Drutte	4.4 CIT		T- ZIP	
TITLE		☐ DELETE	5.1 TiT			☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS					ADDRESS	
CITY+ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT	-	I - ZIP	☐ Change ☐ Addition
MAME		i DETECTE	6.1 III			Li Change Li Addition

6.4 CITY-ST-ZIP 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 A address.

6.3 STREET ADDRESS