

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sarina B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H27504** (0)

1. Corporation Name
PENSACOLA POB INCORPORATED



Principal Place of Business: % SHARON WAKEMAN 1717 N. "E" ST., STE 320 PENSACOLA FL 32501
Mailing Address: % SHARON WAKEMAN 1717 N. "E" ST., STE 320 PENSACOLA FL 32501

2. Principal Place of Business: 21 Baptist Medical Towers Suite Apt. #, etc. 22 Suite 320 City & State: 23 Pensacola, FL Zip: 24 32501 Country: 25 Escambia
2a. Mailing Address: 26 1717 North "E" St. (Suite, Apt. #, etc.) 27 Suite 320 City & State: 28 Pensacola, FL Zip: 29 32501 Country: 30 Escambia

3. Date Incorporated or Created: 10/29/1984 3a. Date of Last Report: 03/16/1995
4. FLL Number: 59-2462399 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

9. Name and Address of Current Registered Agent: VAN SLYKE, ROBERT 1717 N. "E" ST., STE 320 PENSACOLA FL 32501
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Numbers Not Acceptable): 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0032 and 607.1504, 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 obligation of, Section 607.0030, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, JOHN	12 NAME	Robert Harriman
STREET ADDRESS	1055 FLEMING	13 STREET ADDRESS	254 Sabine Drive
CITY, ST., ZIP	PENSACOLA FL	14 CITY, ST., ZIP	Pensacola Beach, FL 32561
TITLE	XX Secretary	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAKEMAN, SHARON	22 NAME	Richard C. Fulford
STREET ADDRESS	315 W. GADSDEN	23 STREET ADDRESS	402 Bear Circle
CITY, ST., ZIP	PENSACOLA FL	24 CITY, ST., ZIP	Gulf Breeze, FL 32561
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNEN, CHARLES	30 NAME	
STREET ADDRESS	2464 SEMUR	33 STREET ADDRESS	
CITY, ST., ZIP	PENSACOLA FL	34 CITY, ST., ZIP	
TITLE	CD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SLYKE, ROBERT E	42 NAME	
STREET ADDRESS	88 HIGHPOINT DRIVE	43 STREET ADDRESS	
CITY, ST., ZIP	GULF BREEZE FL	44 CITY, ST., ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GEE, ELEANOR	52 NAME	
STREET ADDRESS	1540 GLENNA LANE	53 STREET ADDRESS	
CITY, ST., ZIP	CANTONMENT FL	54 CITY, ST., ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST., ZIP		64 CITY, ST., ZIP	

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 supporting 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, as changes, or on an amendment to, an address.

SIGNATURE: *Sharon Wakeman* 3-8-96 (904) 469-2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sharon Wakeman, Secretary

CR2E034 (12/95)