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FILED
 Mar 13 1997 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # **H27504** (0)
 1. Corporation Name
PENSACOLA POB INCORPORATED



Principal Place of Business: **BAPTIST MEDICAL TOWERS
 SUITE 320
 PENSACOLA FL 32501
 US**

Mailing Address: **1717 NORTH E STREET
 SUITE 320
 PENSACOLA FL 32501-6335
 US**

3. Date Incorporated or Qualified: **10/29/1984**
 3a. Date of Last Report: **03/19/1996**

4. FEI 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

2. Principal Place of Business (continued)

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

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 Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

11. I, the undersigned, as president, secretary, or other officer of the above-named corporation, hereby certify that the above-named corporation submits this statement for the purpose of changing its registered agent as required by Chapter 607, Florida Statutes. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation and I will accept the obligations of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS

NAME	CD	<input type="checkbox"/> DELETE
PORTER, JOHN		
1055 FLEMING		
PENSACOLA FL		
WAKEMAN, SHARON		<input checked="" type="checkbox"/> DELETE
315 W. GADSDEN		
PENSACOLA FL		
D		<input type="checkbox"/> DELETE
HARRIMAN, ROBERT		
254 SABINE DRIVE		
PENSACOLA FL		
CD		<input type="checkbox"/> DELETE
VAN SLYKE, ROBERT E		
88 HIGHPOINT DRIVE		
GULF BREEZE FL		
TD		<input type="checkbox"/> DELETE
MCGEE, ELEANOR		
1540 GLENNA LANE		
CANTONMENT FL		
D		<input type="checkbox"/> DELETE
FULFORD, RICHARD C.		
402 BEAR CIRCLE		
GULF BREEZE FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included in 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 the officer or member 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 Florida's Business Directory or on an attached list with an address.

SIGNATURE:
 PRINT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)