

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90020 046 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **H27504**  
 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**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**10/29/1984**

4. FEI Number  
**59-2462399**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**VAN SLYKE, ROBERT**  
**1717 N. "E" ST., STE 202**  
**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 **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		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PORTER, JOHN	
STREET ADDRESS	1055 FLEMING	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWS, MARY	
STREET ADDRESS	4337 SUGAR MILL BEND	
CITY-ST-ZIP	PACE FL 32571	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	VAN SLYKE, ROBERT E	
STREET ADDRESS	88 HIGHPOINT DRIVE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGEE, ELEANOR	
STREET ADDRESS	1540 GLENNA LANE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRABBEEM CGARKESM D	
STREET ADDRESS	2464 SENYR RD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carson, Vivian	
2.3 STREET ADDRESS	1717 North "E" Street, Suite 320	
2.4 CITY-ST-ZIP	Pensacola, FL 32501	
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 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: Robert E. Van Slyke Date: 1-14-99 Daytime Phone #: (850) 469-7643

CR2E034 (1/98)