FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H55364** **(4)**

1. Corporation Name

N44621, INC.

Principal Place of Business	Mailing Address
4300 W. FRANCISCO #41 PENSACOLA FL 32504 US	4300 W. FRANCISCO #41 PENSACOLA FL 32504 US

3. Date Incorporated or Qualified: **05/10/1985**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business	2a. Mailing Address
21 49 EAST CHASE ST	26 49 EAST CHASE ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PENSACOLA FL	28 City & State: PENSACOLA FL
24 Zip: 32501 25 Country: USA	29 Zip: 32501 30 Country: USA

4. FEI Number: **NOT APPLICABLE** ☐ 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	10. Name and Address of New Registered Agent
ANDERSON, WAYNE 4300 W FRANCISCO # 41 PENSACOLA FL 32504	81 Name: DONALD P. JEHLE 82 Street Address (P.O. Box Number is Not Acceptable): 49 EAST CHASE ST. 83 R 84 City: PENSACOLA FL 85 Zip Code: 32501

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: Donald P. Jehle — 1/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, C. WAYNE	1.2 NAME	
STREET ADDRESS	3119 BELLE CHRISTINE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE: TSD	☒ Change ☐ Addition
NAME	JEHLE, DON	2.2 NAME	
STREET ADDRESS	4227 N. DAVIS HIGHWAY BLDG. A	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	~~VD~~ ☐ DELETE	3.1 TITLE: PD	☒ Change ☐ Addition
NAME	JERNIGAN, G. STEVE	3.2 NAME	
STREET ADDRESS	102 E. GARDEN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE: VD	☐ Change ☒ Addition
NAME		4.2 NAME: THEO F. ELBERT, III	
STREET ADDRESS		4.3 STREET ADDRESS: 201 LAURA LANE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP: ~~PENSACOLA BEACH~~ GULF BREEZE FL 32561	
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	

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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 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.

SIGNATURE: Donald P. Jehle — 1/19/96 — 904 4340059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #