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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

UMENT # H57934

CFANNING COMPANY

1055

-101

siness

(2)

4504 TWINOAKS DR., S-101 PENSACOLA FL 32506

Mailing Address

2a. Mailing Address

26

FILED Mar 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date incorporated or Qualified

05/21/1985 4. FEI Number

59-2542033

| | | Suite, Apt. #, etc. | | | 5. Certificate of | of Status Desired | | \$8.75 / Fee Re | |
|--|---|--|-------------------------------|--------------------------------|--|---|-----------------------------|----------------------------|------------------------|
| | | City & State | | | 6. Election Ca Trust Fund | mpaign Financing Contribution | | \$5.00 Added t | |
| | Country | Ζιρ | Countr | У | 1 | ation owes or has p | _ | | |
| 25 29 30 30 30 30 30 30 30 3 | | | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | | |
| | | | | Name | 10, Name Brig | Address of New H | egistered A | Beur | |
| | CHARLENE DRIVE A FL 32506 | | | | Joanne F. Rohman | | | | |
| | | | | | | ress (P.O. Box Number is Not Acceptable) 220 Lake Charlene Drive | | | |
| | A FE 32300 | | 83 | | <u>6220 Lake C</u> | nariene br | ive | | |
| | | | | 1 | | | | | |
| | | | 84 | 1 | Pensacola | | FL | | Code 506 |
| JY 15 | to the provisions of Sections 607.05 egistered agent, or both, in the Stat | e of Florida. Such change was a | authorized b | v the corpor | rporation submits thi | s statement for the | purpose of | changing it | s registered |
| nt. Î a | m familiar with, and accept the oblig | gations of Section 607.0505, Flo | vrida Statute | e | | • | | | . 5g.0.0.00 |
| NATURE | Joann F. | Johnar | | | ohman, Pres | melir | | 3-98 | |
| 12. | Signature, types of printed name of registered at | gent andyste if applicable (NOTE ND DIRECTORS | f: Registered Ag | jeni signature req | quired when reinstating) | CHANGES TO OFF | DATE | DIRECTOR | <u> </u> |
| TITLE | PD | DELETE | 1.1 TITLE | ···· | ADDITIONA | STANGES TO OFF | | Change | IS IN 12 Addition |
| NAME | SCMIDTKE, JOANNE ROHM/ | AN | 1.2 NAME | | Joanne F. | Pohman | • | | |
| STREET ADDRESS | 4504 TWINOAKS DR., S-101 | | | T ADDRESS | boans r. | 1/OTRIBUT | | |] { |
| CITY-ST-ZIP | PENSACOLA FL | | 1.4 CITY- | | | | | | |
| TITLE | VD\$ | ☐ DELETE | 2.1 TITLE | | | | | Change | ☐ Addition < |
| NAME | FANNING, CLIFFORD E. 4504 TWIN OAKS DR., 101 | | 2.2 NAME | | | | | | į |
| STREET ADDRESS | | | 2.3 STREE | T ADDRESS | | | | | ì |
| CITY-ST-ZIP | PENSACOLA FL | | 2.4 CITY- | ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | | Change | Addition |
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| TITLE | | L_] DELETE | 4.1 TITLE | | | | 1 | Change | Addition |
| NAME | | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | | T ADDRESS | • | | | | • |
| CITY-ST-ZIP | | DELETE | 4.4 CITY-1 | ST-ZIP | | | | Change | Addition |
| CHY-ST-ZIP | | C) OFCUTE | 5.2 NAME | ļ | | | | ouguge | - FOULDUIT |
| | | | | T ADDRESS | | | | | |
| 1 | | | 5.4 CITY-5 | | | | | | |
| | | ☐ DELETE | 6.1 TITLE | OI - CIF | | | | Change | Addition |
| | | - | 6.2 NAME | | | | • | • | _ |
| | • • | | | 1 ADDRESS | | | | | i |
| | | | 6.4 CITY-5 | - 1 | | | | | 1 |
| | ne information supplied | with this filing does not qualify fo | or the exemp | otion stated i | n Section 119.07(3)(|), Florida Statutes. | I further cer | tify that the | information |
| | ne corporation or the rec | lal annual report is true and acci coiver or trustee empowered to e achment with an address. | urate and the execute this | nat my signat report as re- | ture shall have the sa quired by Chapter 60 | ame legal effect as 07, Florida Statutes | it made und ; and that m | er oath; tha y name app | it I am an Dears in |