

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **H72017 (7)**

95 MAY -1 AM 12: 21

1. Corporation Name:

**PRIME PROPERTIES OF PENSACOLA, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business:

8963 PENSACOLA BLVD  
PENSACOLA FL 32534

Mailing Address:

8963 PENSACOLA BLVD  
PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified:	3a. Date of Last Report:
21		26		08/20/1985	05/01/1994
22 State, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number:	Applied For
23 City & State		28 City & State		59-2582792	Not Applicable
24 ZIP	25 Country	29 ZIP	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
MEACHAM, RALPH				<input type="checkbox"/> \$5.00 May Be Added to Fees	
8963 PENSACOLA BLVD				8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	
PENSACOLA FL 32534				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MEACHAM, RALPH				81 Name	
8963 PENSACOLA BLVD				82 Street Address (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32534				83	
				84 City	85 Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all filings)

Signature of Registered Agent (Required for all filings)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (N/A)	
1. TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MEACHAM, RALPH	2.1 NAME	
3. STREET ADDRESS	8963 PENSACOLA BLVD	3.1 STREET ADDRESS	
4. CITY, STATE	PENSACOLA FL	4.1 CITY, STATE	
5. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6.1 NAME	
7. STREET ADDRESS		7.1 STREET ADDRESS	
8. CITY, STATE		8.1 CITY, STATE	
9. TITLE		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY, STATE		12.1 CITY, STATE	
13. TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY, STATE		16.1 CITY, STATE	
17. TITLE		17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY, STATE		20.1 CITY, STATE	

14. I, the undersigned, certify that the information given with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.021(3)(b), Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report in true and accurate and that my signature shall have the same legal effect as if made under oath; that a true and correct copy of the corporation or trust's ownership to complete this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 1, on Block 11, or on an attachment with an address.

SIGNATURE: *Ralph Meacham* Ralph Meacham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (904) 478-5263  
DATE REGISTERED OFFICE