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

Mailing Address

% JOHN L. MYRICK

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H87015

Principal Place of Business % JOHN L. MYRICK

MYRICK & DAVIS, P.A.

625 N NINTH AVE 625 N NINTH AVE DO NOT WRITE IN THIS SPACE PENSACOLA FL 32501 PENSACOLA FL 32501 3. Date Incorporated or Qualifed 12/01/1985 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2612029 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zip X Yes ΠNo Personal Property Tax. 30 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MYRICK, JOHN L. Street Address (P.O. Box Number is Not Acceptable) 82 625 N NINTH AVE PENSACOLA FL 32501 83 84 85 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ DELETE 1.1 TITLE TITLE MYRICK, JOHN L. 1.2 NAME NAME 625 N NINTH AVE 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 2.1 TITLE TITLE DAVIS, R. BROOKS 2.2 NAME NAME 625 N. NINTH AVE. 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-St-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TIRLE ☐ Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY+ST-ZIP

14. I hereby certify that the information supplied with this timing 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 actual 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 06, 1999 8:00 am

Secretary of State

03-06-1999 90058 036 ***150.00

CR2E034 (11/98)