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 # **H93937** **(1)**

1. Corporation Name

SUPER PISCES CORPORATION

Principal Place of Business	Mailing Address
WILLIAM R. HOUGHLAND 3312 LONGLEAF DR. PENSACOLA FL 32526	WILLIAM R. HOUGHLAND 3312 LONGLEAF DR. PENSACOLA FL 32526

3. Date Incorporated or Qualified: 01/15/1986
3a. Date of Last Report: 02/21/1995

2. Principal Place of Business
21: 7070 N. BLUE ANGEL PKWY
22: Suite, Apt. #, etc.
23: City & State: PENSACOLA, FL.
24: Zip: 32526
25: Country: ESCAMBIA

2a. Mailing Address
26: 7070 N. BLUE ANGEL PKWY
27: Suite, Apt. #, etc.
28: City & State: PENSACOLA, FL.
29: Zip: 32526
30: Country: ESCAMBIA

4. FEI Number: 59-2637840 ☐ 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

HOUGHLAND, WILLIAM R.
3312 LONGLEAF DR.
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81 Name: HOUGHLAND, WILLIAM R.
82 Street Address (P.O. Box Number is Not Acceptable): 7070 N. BLUE ANGEL PKWY
83
84 City: PENSACOLA FL 85 Zip Code: 32526

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: X William R. Houghland (Signature of new Registered Agent required when name is changed) Date: 2/25/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOUGHLAND, WILLIAM R.		1.2 NAME	HOUGHLAND, WILLIAM R	
STREET ADDRESS	3312 LONGLEAF DR		1.3 STREET ADDRESS	7070 N. BLUE ANGEL PKWY	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	PENSACOLA, FL. 32526	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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: X William R. Houghland — 2/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

WILLIAM R. HOUGHLAND — 904 944-3217
Daytime Phone #