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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Suite, Apt. #, etc. Scortificate of Status Desired \$8.75 Active Fee Rec	ort blied For Applicable
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	dditional
City & State Country Country Country Country Country Zip Country Zip Country Zip Country Zip Country Zip Country Added to 8. This corporation has liability for intangible tax under signs and statutes in the proof of interest state of Ponda Statutes No 9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip C 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 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 with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or preted name of registered agent and ties of applicable NOTE: Registered Agent segnature regular mand when reneating) PATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. FERAN, PAUL M. 12. STREET ADDRESS 7030 LAKE JOANNE DR 13. STREET ADDRESS 7030 LAKE JOANNE DR 14. CITY - 51- ZP PENSACOLA FL	
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALTON, GARRETT W. 30 S SPRING ST PO DRAWER 1271 PENSACOLA FL 32596 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 region 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 and the dispatched (NOTE: Registered Agent signature regund when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. PILE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OITY-ST-ZIP 15. TIPLE 16. Change 17. STREET ADDRESS 18. TIPLE 18. Change 18. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 18. Name and Address of New Registered Agent 18. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 18. Name and Address of New Registered Agent 19. Name an	
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64 CITY-ST-2IP 14. Ido 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 14. Ido 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 15. Ido 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	☐ Addition

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 dianged, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OF DIRECTO

Dare Day'rie Prone i

CR2E034 (19/0