SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED AND FILED

pg. 1 of 2

97 AUG 20 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # J25882 (8)

1. Corporation Name
THE PENSION CENTRE, INC.

Principal Place of Business	Mailing Address
6108 VILLAGE OAKS DR., PENSACOLA FL 32504	6108 VILLAGE OAKS DR., PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1986	3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2698873	☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BUCKNER, JAMES
6108 VILLAGE OAKS DR.
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALLISON, EDGAR LEE JR. 6108 VILLAGE OAKS DR. PENSACOLA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002272949--9 -08/20/97--01119--008 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALLISON, EDGAR LEE III 6108 VILLAGE OAKS DR. PENSACOLA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUCKNER, JAMES R. 6108 VILLAGE OAKS DR. PENSACOLA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PRUDHOMME,JOHN C. 6108 VILLAGE OAKS DR. PENSACOLA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition A. Allen 8/20/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/97)

14. I do hereby certify that the information supplied with this filing 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 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: [signature] 8/13/97

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

pg. 2 of 2

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
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DOCUMENT # J25882 (8)

1. Corporation Name
THE PENSION CENTRE, INC.

Principal Place of Business
6108 VILLAGE OAKS DR.
PENSACOLA FL 32504

...d or Qualified | 3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

Applied For
Not Applicable

...is Desired ☐ $8.75 Additional Fee Required

...Financing ...ution ☐ $5.00 May Be Added to Fees

...as liability for intangible tax under s. 199.032. ☐ Yes ☐ No

9. Name and Address of Current R...
BUCKNER, JAMES
6108 VILLAGE OAKS DR.
PENSACOLA FL 32504

...s of New Registered Agent

...Not Acceptable)

FL 85 Zip Code

This report was originally filed on March 19, 1997 with Check # 2216. Thank you.

11. Pursuant to the provisions of Sections 607.0502 an... office or registered agent, or both, in the State of F... ...gent for the purpose of changing its registered ...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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLISON, EDGAR LEE JR.		1.2 NAME	
STREET ADDRESS	6108 VILLAGE OAKS DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLISON, EDGAR LEE III		2.2 NAME	
STREET ADDRESS	6108 VILLAGE OAKS DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BUCKNER, JAMES R.		3.2 NAME	
STREET ADDRESS	6108 VILLAGE OAKS DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PRUDHOMME,JOHN C.		4.2 NAME	
STREET ADDRESS	6108 VILLAGE OAKS DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		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	

14. I do hereby certify that the information supplied with this filing 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 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: Edgar L. Allison III 3/19/97