

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
Division of CORPORATIONS

APPROVED
AD
7/13

COMMUNICATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J48966** (2)
1. Corporation Name:
OCTOBER 16, INC.

Principal Place of Business: P.O. BOX 1952 PENSACOLA FL 32589
Mailing Address: P.O. BOX 1952 PENSACOLA FL 32589

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **12/29/1986**
3a. Date of Last Report: **03/16/1994**

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

4. FEI Number: **59-2747651**
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

10. Name and Address of New Registered Agent

**PHELPS, TRACY A
6120 PENSACOLA BLVD.
PENSACOLA FL 32505**

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 607.02(2) 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 further authorized to accept the appointment as registered agent under Section 607.1509, Florida Statutes.

SIGNATURE

Tracy Phelps, Vice-President

4-14-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN 12

OFF	PTD
NAME	PHELPS, J. FRASIER II
STREET ADDRESS	6120 PENSACOLA BLVD
CITY & STATE	PENSACOLA FL
OFF	VSD
NAME	PHELPS, TRACY ANN
STREET ADDRESS	6120 PENSACOLA BLVD
CITY & STATE	PENSACOLA FL
OFF	
NAME	
STREET ADDRESS	
CITY & STATE	
OFF	
NAME	
STREET ADDRESS	
CITY & STATE	
OFF	
NAME	
STREET ADDRESS	
CITY & STATE	

14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 STREET ADDRESS	
16 CITY & STATE	
17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 STREET ADDRESS	
19 CITY & STATE	
20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 STREET ADDRESS	
22 CITY & STATE	
23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 STREET ADDRESS	
25 CITY & STATE	
26 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 STREET ADDRESS	
28 CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the appointment stated in Section 191.03(2)(b), Florida Statutes. I further certify that the information is in accord with the annual report or supplemental annual report to form and accounts 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 former officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: *Tracy Phelps, Vice-President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR