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.)

PROFIT

Jul 25 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # J92633 (3) GENERAL BUSINESS FORMS, INC. Principal Place of Business Mailing Address % RAYMOND F. REGIMBAL, II % RAYMOND F. REGIMBAL. II 5760 LEESWAY BLVD. 5760 LEESWAY BLVD. DO NOT WRITE IN THIS SPACE PENSACOLA FL 32504 PENSACOLA FL 32504 3a. Date of Last Report 3. Date Incorporated or Qualified 09/10/1987 03/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 P.O. BOX 12094 59-2848978 2748 ASHBURY Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be Election Campaign Financing **MENSACOIA** <u>CANTON MENT</u> Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 32590 ESCAMBIA 28 ESCAMBIA Personal Property Tax due June 30. Yes □ No 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name REGIMBAL, RAYMOND F., II 5760 LEESWAY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 83 84 City 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 Signature, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (484) OFFICERS AND DIRECTORS 13. 12 ☐ Change ☐ Addition DELETE 1 1 TITLE TITLE REGIMBAL, RAYMOND F.II 1.2 NAME NAME CRZE034 5760 LEESWAY BLVD. 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 1.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE REGIMBAL, JEAN D. 2.2 NAME NAME 5760 LEESWAY BLVD. 2 3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition Change DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 51 TIRE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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. 64 CITY-ST-ZIP

Rampond for Believe Sil SHUILLE

FLORIDA DEPARTMENT OF STATE

FILED

7-71-97 (850) 477-1614