

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 # **K50829** (6)

1. Corporation Name
PBA OF NORTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address
24 BEAL PKWY SW FT WALTON BEACH FL 32548 US



3. Date Incorporated or Qualified **12/12/1988** 3a. Date of Last Report **04/25/1995**
4. FEI Number **59-2908714**
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

2. Principal Place of Business
21 **123 STAFF DRIVE** 2a. Mailing Address
26 **123 STAFF DRIVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Fort Walton Beach FL** 28 **Fort Walton Beach, FL**
Zip Country Zip Country
24 **32548** 25 29 **32548** 30

9. Name and Address of Current Registered Agent
**MILAN, DONALD F.
24 BEAL PKWY SW
FT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent
81 Name **MILAN, DONALD F.**
82 Street Address (P.O. Box Number is Not Acceptable)
123 STAFF DRIVE
83
84 City **Fort Walton Beach** FL 85 Zip Code **32548**

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 607.0503, Florida Statutes.

SIGNATURE: *Donald F. Milan* 4-29-96
Signature and Typed or Printed Name of Registered Agent or Director

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P MILAN, DONALD F.	<input type="checkbox"/>
NAME	4345 HIDDEN LAKES DR E	
STREET ADDRESS	NICEVILLE FL	
CITY - ST - ZIP		
TITLE	ST MORRIS, BARBARA B	<input checked="" type="checkbox"/>
NAME	3229 COLESBURY DRIVE	
STREET ADDRESS	BIRMINGHAM AL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	31 MORRIS, JAMES J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	3229 COLESBURY DRIVE		
2.3 STREET ADDRESS	BIRMINGHAM, AL		
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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: *Donald F. Milan* 4-29-96 904-243-1018
Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone #

CR2E034 (12/95)