

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

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

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

2. Principal Place of Business

2a. Mailing Address

21 123 STAFF DRIVE

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

10. Name and Address of New Registered Agent

MILAN, DONALD F.
24 BEAL PKWY SW
FT WALTON BEACH FL 32548

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director if applicable

Not a Registered Agent Signature required when new filings

Donald F. Milan

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MILAN, DONALD F.
STREET ADDRESS 4345 HIDDEN LAKES DR E
CITY- ST- ZIP NICEVILLE FL

TITLE ST
NAME MORRIS, BARBARA B
STREET ADDRESS 3229 COLESBURY DRIVE
CITY- ST- ZIP BIRMINGHAM AL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
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:

Signature and typed or printed name of signing officer or director

4-29-96

904-243-1068

CR2E034 (12/95)