Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K52188

1. Corporation Name

Principal Place of Business

PENSACOLA HOLDING CORP.

4600 MARRIOTT RALEIGH NC 27 US	DR SUITE 200 612	4600 MARRIOTT DR., SUITE 200 RALEIGH NC 27612 US			3	DO NOT WRI D. Date incorporated or Qualifed 12/16/1988	TE IN THIS :	SPACE	<u> </u>		
2. Principal Place of Business 2a. Mailing Address			00010			, FEI Number			Appl	ied For	
4600 Marriott Drive		P. 0. Box 30043				00 0012211				Applicable	
Suite, Apt. #, etc. 22 Suite 120		Suite, Apt. #, etc.			5	5. Certifcate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State		- 6	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
Raleigh, NC .		28 Raleigh, NC									
Zip 24 27612	Country USA	29 27622 30	ountry USA			3. This corporation owes the curr Personal Property Tax.		☐ Yes		]No	
	9. Name and Address of Current	Registered Agent	-			0. Name and Address of New I	Registered A	<u>ugent</u>			
THE	PRENTICE-HALL CORPORATION	SYSTEM INC	81	Na	me						
1201	HAYS STREET	STOTEM, INC.	82	Str	eet Address (	Address (P.O. Box Number is Not Acceptable)					
	E 105		83	Ī							
IALL	AHASSEE FL 32301		84	Cit	v			85	Zip Co	de	
				'	<b>-</b>		<u> </u>	ᆛᆜ			
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	and 607.1508, Florida Statutes, the Florida. Such change was authorions of, Section 607.0505, Florida S	e above zed by tatutes	e-nan the c	ned corporation s t	on submits this statement for the board of directors. I hereby acce	purpose of the ppoint	mangin tment a	as regi	stered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	red Ager	nt signa	ture required when	n reinstating)	DATE				
12.	OFFICERS AND		3.			ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	PD	☐ DELETE 1.	1 TITLE					Cha	inge	☐ Addition	
NAME	LEONARD, RICHARD, A	1.	2 NAME		ļ						
STREET ADDRESS	4600 MARRIOTT DR S200	t.	3 STREET	TADDR	eess					ì	
CITY-ST-ZIP	RALEIGH NC		4 CITY-\$	T-ZIP						T Advisor	
TITLE	DEVP	☐ DELETE 2.	1 TITLE					Cha	inge	☐ Addition \	
NAME	KENNEDY, GLENN, J	2.	2 NAME							Į	
STREET ADDRESS	4600 MARRIOTT DR S200	2.	3 STREE	T ADDR	RESS						
CITY-ST-ZIP	RALEIGH NC		4 CITY-S	ST-ZIP	<u>`</u>	<del> </del>		E101		T Addition	
TITLE	\$	DELETE - 3.	1 TITLE		Ì	•		Cha	ange	Addition	
NAME	PAYNE, CLAIR, K		2 NAME								
STREET ADDRESS	4600 MARRIOTT DR S200	3.	3 STREE	TADDR	ESS						
CITY-ST-ZIP	RALEIGH NC		4. GΠY-S	ST-ZIP				[] Chá		Addition	
TITLE	D	_	1 TITLE						ange		
NAME	MORTENSEN, LEE N.		2 NAME								
STREET ADDRESS	55 E. MONROE STREET		3 STREE		RESS						
CITY-ST-ZIP	CHICAGO IL		4 CITY-S	T-ZIP	<del></del>	···		Cha	ange .	Addition	
TITLE	C DELLE SELVE		1 TITLE 2 NAME						11,90		
NAME :	SHAVER, DEAN F		3 STREE	T ADDE	2FSS						
STREET ADDRESS	4600 MARRIOTT DR, SUITE 200		4 CITY-S							ļ	
CITY-ST-ZIP	RALEIGH NC		1 TITLE	211	<del></del>			Cha	ange	Addition	
TITLE			2 NAME		}			-J			
NAME			3 STREE	T ADOC	DESS.						
STREET ADDRESS		0.	SINCE	יועטאיי,	100						

14. I 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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

1/6/99

(919) 781-5611

Daytime Phone #

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90020 001 \*\*\*150.00

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