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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K60736** **(1)**

1. Corporation Name
WALES CONSTRUCTION OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
8425 ALTA VISTA DR. PENSACOLA FL 32526 US	8425 ALTA VISTA DR. PENSACOLA FL 32526-8734 US

3. Date Incorporated or Qualified: 01/25/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 5935 OSPREY Place
22 Suite, Apt. #, etc.
23 City & State: Pensacola Fl.
24 Zip: 32504 25 Country: Escambia

2a. Mailing Address
26 5935 OSPREY Place
27 Suite, Apt. #, etc.
28 City & State: Pensacola Fl.
29 Zip: 32504 30 Country: Escambia

4. FEI Number: 59-2930319 ☐ 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

WALES, DEBRA L.
8425 ALTA VISTA DR.
PENSACOLA FL 32526

ADDRESS change only

10. Name and Address of New Registered Agent

81 Name: Debra L. Wales
82 Street Address (P.O. Box Number is Not Acceptable): 5935 OSPREY Place
83
84 City: Pen FL 85 Zip Code: 32504

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: Debra L. Wales Debra L. Wales STV
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P.D	☒ Change ☐ Addition
NAME	WALES, DALE W.		1.2 NAME	Wales Dale W.	
STREET ADDRESS	8425 ALTA VISTA DR.		1.3 STREET ADDRESS	5935 OSPREY Place	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Pensacola Fl. 32504	
TITLE	STV	☐ DELETE	2.1 TITLE	STV	☒ Change ☐ Addition
NAME	WALES, DEBRA L.		2.2 NAME	Wales Debra L.	
STREET ADDRESS	8425 ALTA VISTA DR.		2.3 STREET ADDRESS	5935 OSPREY Place	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Pensacola Fl 32504	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	WALES, DEBRA L.		3.2 NAME	Wales Debra L.	
STREET ADDRESS	8425 ALTA VISTA DR.		3.3 STREET ADDRESS	5935 OSPREY Place	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	Pensacola Fl. 32504	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: Debra L. Wales Debra L. Wales March 5 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #