FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	K72690
4 Companies Name		

P.R.I. INVESTMENTS, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90056 031 ***150.00



Principal Place	of Business	Mailing Address				1 (30) \$(1) \$(1) 10010 ((3) \$ \$(1) 10 ((1) 00) 0.4		811 Atdit 61611 1001
•		-						
% CHARLES F. 6701 PENSACOL		% CHARLES F. FADDIS 6701 PENSACOLA BLVD.						
PENSACOLA FL		PENSACOLA FL 32505				DO NOT WRITE IN T	HIS SPACE	
, Enonoger . e						3. Date Incorporated or Qualifed		
						03/10/1989		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
		26				59-2939050		Not Applicable
Suite Ant.	#, etc.	Suite, Apt#, etc.					 \$8.7	5 Additional
22		27		_		5. Certificate of Status Desired		Required
City & State	3	City & State				6. Election Campaign Financing	\$5.0	00 May Be
23	_	28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Cot	untry		8. This corporation owes the current year	Intangible	_
24	25		30	-		Personal Property Tax.	☐ Yes	XNo
24	9. Name and Address of Current			T	 	10. Name and Address of New Register	ed Agent	74
				81	Name			
FADO	DIS, CHARLES F.							
	PENSACOLA BLVD.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		1
	SACOLA FL 32505			83				
				84	City		EL 85	Zip Code
				\perp				itintered
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute:	s, the a	above-	named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing pointment a	s registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Stat	tutes.	ic corporati	·		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered	d Agent :	signature require	d when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS IN 12
TITLE	DPT	☐ DELETE	1.1 T	ITLE			Char	nge
NAME	FADDIS, CHARLES F.		1.2 N	IAME		·		
STREET ADDRESS	6701 PENSACOLA BLVD.		135	TREET A	ADDRESS			
	PENSACOLA FL			TY-ST-	ļ			į
CITY-ST-ZIP	DVS	☐ DELETE	2.1 T		Z.IF		Chai	nge Addition
TITLE	LOCKWOOD, RICHARD A.			IAME				_ i
NAME			ı					
STREET ADDRESS	6701 PENSACOLA BLVD.	، با الشعب بيان با باده محمدين وبري <u>ن س</u> رو	· • ***		DDRESS	بالمنطقة المستخطفة المنطقة		
CITY-ST-ZIP	PENSACOLA FL	Det etc	_	CITY-ST	- ZIP		Chai	nge Addition
TITLE		☐ DELETE	3.1 T					ide (1) vocation
NAME			3.2 N	IAME				
STREET ADDRESS			3.3 \$	TREET A	ADDRESS			
CITY-ST-ZIP			3.4. 0	CITY-ST	- ZIP			
TITLE		☐ DELETE	4.1 T	TTLE	ŀ		Chai	nge 🗌 Addition
NAME			4.21	NAME	İ			
STREET ADDRESS			4.3 \$	TREET !	ADDRESS			
CITY-ST-ZIP			4.40	77-ST-	ZIP	de la companya de la		
TITLE		☐ DELETE	5.1 T	TILE			Cha	nge 🔲 Addition
NAME			5.2 N	AME	ŀ			
STREET ADDRESS			5.3 S	TREET A	ADDRESS			ł
CITY-ST-ZIP			5.4 0	CITY-ST-	ZIP			Ì
TITLE		☐ DELETE		M.E			[] Cha	nge Addition
			6.2 N	AME				·
NAME					ADDRESS			
STREET ADDRESS				CITY-ST-			-	Į
CITY-ST-ZIP			D.4 L	-۱: ۱۲- ۱ ۵۱۱	ZIF	- 1 440 07/07/2 51 11 01 14 14 14		

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

850-478-4100

Daytime Phone #