SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 19 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K87219** **(7)**

1. Corporation Name
THE NEW CHRISTMAS, INC.

Principal Place of Business	Mailing Address
C/O EARNEST D. DAVIS 6115 N DAVIS 66A PENSACOLA FL 32504	9700 CAMBERWELL ROAD 6115 N DAVIS 66A PENSACOLA FL 32514 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1989
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2964962	☐ Applied For ☐ Not Applicable
21 9700 Camberwell Rd.	26 9700 Camberwell Rd.		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: Pensacola, FL 32514	28 City & State: Pensacola, FL 32514	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 32514 25 Country: USA	29 Zip: 32514 30 Country: USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRANNON, AMOS 9700 CAMBERWELL ROAD PENSACOLA FL 32514	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Pres./Secty/~~TREAS~~	☒ Change ☐ Addition
NAME	BRANNON, AMOS	1.2 NAME		
STREET ADDRESS	9700 CAMBERWELL ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	VP/~~TREAS~~,	☒ Change ☐ Addition
NAME	MCCAULEY, JAMES	2.2 NAME	Roger Mosley	
STREET ADDRESS	9616 BOB WHITE	2.3 STREET ADDRESS	1160 Bayview Lane	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Gulf Breeze, FL ~~32514~~ 32561	
TITLE	ST	3.1 TITLE		☒ Change ☐ Addition
NAME	DAVIS, DEE	3.2 NAME	delete Dee Davis	
STREET ADDRESS	209 SOUTH BAYLEN STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	MARCANTONIO, ANTHONY	4.2 NAME	delete Anthony Marcantonio	
STREET ADDRESS	4320 YARMOUTH PL	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	GLISSON, NORMAN	5.2 NAME	delete Norman Glisson	
STREET ADDRESS	PINE FOREST RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Amos Brannon 7/14/95 904-476-8616
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0175100 FP