**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L34784** **(3)**

1. Corporation Name

**PERSONNEL POOL OF THE EMERALD COAST, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~N GERALD L BROWN~~<br>4400 BAYOU BLVD., 16A<br>PENSACOLA FL 32503<br>US | ~~W GERALD L BROWN~~<br>~~108 MARINES ISLAND~~<br>~~MANDEVILLE LA 70448~~<br>~~US~~ |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 12/04/1989 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 59-2980115 | 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 | 26 4400 BayouBlvd |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 16A |
| City & State 23 | City & State 28 PensacolA |
| Zip 24 / Country 25 | Zip 29 FL. 32503 / Country E30MB'A |

9. Name and Address of Current Registered Agent

BROWN, GERALD L.
601 SOUTH PALAFOX STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: SHARON BARWICK
82 Street Address (P.O. Box Number is Not Acceptable): 4400 BAYOU Blvd
83 Suite 16A
84 City: Pensacola FL 85 Zip Code: 32503

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: X Sharon Barwick S. SHARON BARWICK PRESIDENT X 4-28-95
(Signature, title or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | Pres. ☑ Change ☐ Addition |
| NAME | SMITH, CHARLES C. | 1.2 NAME | SHARON BARWICK |
| STREET ADDRESS | 9634 AIRLINE HWY, STE 1A | 1.3 STREET ADDRESS | 4400 Bayou Blvd Suite 16A |
| CITY-ST-ZIP | BATON ROUGE LA | 1.4 CITY-ST-ZIP | Pensacola, Fl. 32503 |
| TITLE | D | 2.1 TITLE | V.P - Sec ☑ Change ☐ Addition |
| NAME | SMITH, DONNA M. | 2.2 NAME | JOHN BARWICK |
| STREET ADDRESS | 9634 AIRLINE HWY, STE 1A | 2.3 STREET ADDRESS | 4400 BAYOU Blvd Suite 16A |
| CITY-ST-ZIP | BATON ROUGE LA | 2.4 CITY-ST-ZIP | Pensacola, Fl. 32503 |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 | |

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:** X Sharon Barwick SHARON BARWICK X 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480369 FN