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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L84420

(3)

FILED Apr 01 1998 8:00am Secretary of State

Principal Place of Businoss C/O ROBERT D. CUMMINOS 3005 PARTRIDGE DR. PENSACOLA FL 32526-3807 2. Principal Place of Business 2. Mailing Address DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/01/1990 2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-3017267 Not Applied For Sulte, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State City & State City & State 30 Personal Property Tax due June 30 Personal Property Tax due Jun
C/O ROBERT D. CUMMINGS 3005 PARTRIDGE DR. PENSACOLA FL 32526-3607 2a. Mailing Address 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 2d. Mailing Address 2d. Mailing Address 2d. FEI Number 2d. Principal Place of Business 2d. Mailing Address 2d. FEI Number 2d. FEI Number 2d. FEI Number 2d. FEI Number 2d. Fee Required 2d. FEI Number 2d. Fee Required 3d. Fee Required 3d. Fee Required 3d. Fee Required 4d. Fee Number 3d. Fee Required 3d. Fee Required 3d. Fee Required 4d. Fee Number 3d. Fee Required 4d. Fee Number 3d. Fee Required 3d. Fee Required 4d. Fee Number 3d. Fee Required 4d. Fee Number 3d. Fee Required 4d. Fee Number 4d. F
2. Principal Place of Business 3. Applied For 3. Not Applicable 3. Certificate of Status Desired 3. See Required 4. FEI Number 5. Certificate of Status Desired 3. See Required 4. FEI Number 5. Certificate of Status Desired 4. FEI Number 5. Certificate of
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Applied For Not Applicable 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing From Added to Fees Added to Fees Trust Fund Contribution Added to Fees Country S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Personal Property Tax due June 30. Name and Address of New Registered Agent CUMMINGS, ROBERT D. 3005 PARTRIDGE DR. PENSACOLA FL 32526-3607 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code
21
Suite, Apt. #, etc Suite, Apt. #, etc.
City & State City & State City & State Election Campaign Financing \$5.00 May Be
City & State 28 City & State 28 Country 25 29 30 Country 30 Street Address of New Registered Agent CUMMINGS, ROBERT D. 3005 PARTRIDGE DR. PENSACOLA FL 32526-3607 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code
Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent CUMMINGS, ROBERT D. 3005 PARTRIDGE DR. PENSACOLA FL 32526-3607 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code
Zip Country Zip Country 230 S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Name and Address of Current Registered Agent CUMMINGS, ROBERT D. 3005 PARTRIDGE DR. PENSACOLA FL 32526-3607 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Name and Address of New Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Name and Address of New Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Name and Address of New Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)
9. Name and Address of Current Registered Agent CUMMINGS, ROBERT D. 3005 PARTRIDGE DR. PENSACOLA FL 32526-3607 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Value 84 City FL 85 Zip Code
CUMMINGS, ROBERT D. 3005 PARTRIDGE DR. PENSACOLA FL 32526-3607 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
3005 PARTRIDGE DR. PENSACOLA FL 32526-3607 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip Code
PENSACOLA FL 32528-3607 83 84 City FL 85 Zip Code
83 84 City 85 Zip Code
84 City FL 85 Zip Code
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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
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-harned corporation submits this statement of the purpose of changing its registered
I 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DP DELETE 1.1 TITLE Change Addition
NAME CUMMINGS, ROBERT D. 1.2 NAME
STREET ADDRESS 3005 PARTRIDGE DR. 1.3 STREET ADDRESS
CITY-ST-ZIP PENSACOLA FL 1.4 CITY-ST-ZIP
TITLE DST DELETE 2.1 TITLE Change Addition
NAME CUMMINGS, BONNIE L. 2.2 NAME
STREET ADDRESS 3005 PARTRIDGE DR. 2.3 STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP PENSACOLA FL 2.4 CITY-ST-ZIP
TITLE V DELETE 3.1 TITLE Change Addition
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City-St-ZiP
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NAME CUMMINGS, MELISSA A. 4.2 NAME STREET ADDRESS 3005 PARTRIDGE DR 4.3 STREET ADDRESS
CITY-ST-ZIP PENSACOLA FL 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

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 frustee 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.

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2/25/08

(850)455-0200