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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02432

1. Corporation Name

PENSACOLA ACTS, INC.

Principal Place of Business

% JACKIE BECK
 1836 OLIVE ROAD
 PENSACOLA FL 32514

Mailing Address

% JACKIE BECK
 1836 OLIVE ROAD
 PENSACOLA FL 32514



2. Principal Place of Business

21 **2070 N PALAFOX**

2a. Mailing Address

26 **2070 N PALAFOX**

3. Date Incorporated or Qualified

04/09/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2433244

Applied For

Not Applicable

City & State

23 **PENSACOLA FL**

City & State

28 **PENSACOLA FL**

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

Zip

24 **32501** 25 **USA**

Zip

29 **32501** 30 **USA**

6. Election Campaign Financing

☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

BECK, JACKIE
 1836 OLIVE ROAD
 PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name **MICHAEL B GLINTER**
 82 Street Address (P.O. Box Number is Not Acceptable)
2070 N PALAFOX
 83 **PENSACOLA FL**
 84 City **FL** 85 Zip Code **32501**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Michael B Ginter

4/30/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TALLEY, DAVID L.	
STREET ADDRESS	8344 YANCEY AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, BOB	
STREET ADDRESS	500 N PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, CHARLOTTE	
STREET ADDRESS	4950 CATALINA CIR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WOOTON, BONNIE	
STREET ADDRESS	2255 BERG STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL B GLINTER	
1.3 STREET ADDRESS	2212 INVERNESS DR	
1.4 CITY-ST-ZIP	PENSACOLA FL 32503	
2.1 TITLE	SECRETARY - V.P. - D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DARA L. GLINTER	
2.3 STREET ADDRESS	2212 INVERNESS DR	
2.4 CITY-ST-ZIP	PENSACOLA FL 32503	
3.1 TITLE	JOHN FRANKLIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	2101 SARDIS RD N. # 220	
3.3 STREET ADDRESS	CHARLOTTE NC 28227	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 trustee empowered to execute this report as required by Chapter 617, 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:

Michael B Ginter

4/30/99

850-4341230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0078237