


### 1. Entity Name

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

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DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2328 BUSH ST. PENSACOLA FL 32514 US</b>		Mailing Address <b>2212 INDA AVENUE PENSACOLA FL 32526-8856 US</b>		02-26-2000 90074 001 ****61.25			
2. Principal Place of Business		3. Mailing Address		 DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-2919496</b> <table border="1" style="float: right; width: 100px;"> <tr><td>Applied For</td></tr> <tr><td>Not Applicable</td></tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>PENTON, LONNIE W. 100 SEMINOLE TRL PENSACOLA FL 32506</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PUGH, DENNIS 29 MOHAWK TRAIL PENSACOLA FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT PUGH, DENNIS 2213 INDA AVENUE PENSACOLA FL 32526-8856</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2212 INDA AVENUE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT EDEN, JERRY D 2212 INDA AVENUE PENSACOLA FL 32526-8856</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT WALKER, DAVID 240 MADRID ROAD CANTONMENT FL 32533</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PENTON, LONNIE W 100 SEMINOLE TRL PENSACOLA FL 32506</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT PENTON, LONNIE W 100 SEMINOLE TRAIL PENSACOLA FL 32506</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Monique DeSouza</i></u> <b>Treasurer</b> <span style="float: right;"><b>850 2-17-2000 941-0074</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							