

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N30151

(7)

1. Corporation Name

MARDI GRAS PENSACOLA, INC.

FILED

1995 JUL 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 3975
PENSACOLA FL 32516

P.O. BOX 3975
PENSACOLA FL 32516

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1989

3a. Date of Last Report

01/24/1994

4. FBI Number

59-2937296

Applied For

Not Applicable

2. Principal Place of Business

21 2070 N. Palafox St

2a. Mailing Address

26 PO Box 8219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pensacola, FL

City & State

28 Pensacola, FL

Zip

24 32501

Country

25 USA

Zip

29 32505

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MARTIN, SUE
200 E. GOVERNMENT ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name McDonald, David M.

82 Street Address (P.O. Box Number is Not Acceptable)

2070 N. Palafox St.

83

84 City Pensacola

FL

85 Zip Code 32501

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

[Signature]
Signature typed or printed name of registered agent and U.S. address.

(NOTE: Registered Agent signature required when reappointing)

DATE

7/6/95

12. OFFICERS AND DIRECTORS

TITLE P
NAME MCDONALD, DAVID
STREET ADDRESS 104 MALDONADO
CITY - ST - ZIP PENSACOLA BEACH FL 32561

TITLE V
NAME ROBINSON, CARLA
STREET ADDRESS 812 N. 13TH AVE.
CITY - ST - ZIP PENSACOLA FL 32501

TITLE ~~ST~~
NAME ~~MARTIN, SUE~~
STREET ADDRESS ~~200 N. 50TH AVE.~~
CITY - ST - ZIP ~~PENSACOLA FL 32506~~

TITLE ~~D~~
NAME ~~KELSON, SHERRY~~
STREET ADDRESS ~~1837 W. GARDEN ST.~~
CITY - ST - ZIP ~~PENSACOLA FL 32501~~

TITLE D
NAME MITCHELL, DOUG
STREET ADDRESS 130 E. GOVERNMENT ST.
CITY - ST - ZIP PENSACOLA FL 32501

TITLE D
NAME ~~EANS, DAN~~
STREET ADDRESS ~~4150 W. BOUNT ST.~~
CITY - ST - ZIP ~~PENSACOLA FL 32505~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE McDonald, David M. President ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2070 N. Palafox St.
1.4 CITY - ST - ZIP Pensacola, FL 32501

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Zimmerh, Dan
3.3 STREET ADDRESS 101 Jefferson St
3.4 CITY - ST - ZIP Pensacola, FL 32501

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/95

DATE

(Daytime Phone #)

CR2E037 (3/95)