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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30151 (7)**

1. Corporation Name

MARDI GRAS PENSACOLA, INC.

Principal Place of Business

**2070 N. PALAFOX STREET
PENSACOLA FL 32501
US**

Mailing Address

**P.O. BOX 8219
PENSACOLA FL 32505-0219
US**

3. Date Incorporated or Qualified
01/04/1989

3a. Date of Last Report
06/06/1996

2. Principal Place of Business

21 1904 E-Scott

2a. Mailing Address

26 PO Box 8219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pensacola, FL

28 Pensacola, FL 32505

Zip

Country

Zip

Country

24 32503

25 USA

29 32505

30 USA

9. Name and Address of Current Registered Agent

**MCDONALD, DAVID M.
2070 N. PALAFOX STREET
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

[Signature]
Signature typed or printed name of registered agent or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

4/9/97
DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCDONALD, DAVID	<i>President</i>
STREET ADDRESS	2070 N. PALAFOX STREET	<i>Director</i>
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBINSON, CARLA	<i>Vice President</i>
STREET ADDRESS	812 N. 13TH AVE.	<i>Director</i>
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMER, DAN	
STREET ADDRESS	101 JEFFERSON STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, DOUG	<i>Director</i>
STREET ADDRESS	130 E. GOVERNMENT ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	<i>Donna Sanspree</i>	<input type="checkbox"/> DELETE
NAME	<i>809 Ruess St.</i>	<i>Director</i>
STREET ADDRESS	<i>Pensacola, FL 32501</i>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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 do 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.

SIGNATURE:

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

Date

Daytime Phone # **0072766**

CR2E037 (9/96)