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May 06 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N30151

(7)

1. Corporation Name

MARDI GRAS PENSACOLA, INC.

Principal Place of Business

Mailing Address

1804 E SCOTT  
PENSACOLA FL 32503  
US

PO BOX 8219  
PENSACOLA FL 32505  
US

3. Date Incorporated or Qualified

01/04/1989

4. FEI Number

59-2937296

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6813 Whiteoak Drive

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Pensacola, FL 3

Zip Country

24 32503 25 USA

29 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. 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

10. Name and Address of New Registered Agent

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

81 Name

McDonald, David M.

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

6813 Whiteoak Drive

83

84 City

Pensacola

FL

85 Zip Code

32503

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, typed printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MCDONALD, DAVID  
STREET ADDRESS 2070 N. PALAFOX STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE VPD ☒ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME SANSFREE, DONNA  
STREET ADDRESS 809 RUESS ST  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

Signature, typed printed name of registered agent and date if applicable

4/27/98

CP2E037 (10/97)