

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N39453** (8)
1. Corporation Name
NORTHWEST FLORIDA BLACK BUSINESS INVESTMENT CORPORATION

APPROVED AND FILED
MAY -1 AM 8:42
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2262 N. MONROE TALLAHASSEE FL 32303 **P.O. BOX 10782 TALLAHASSEE FL 32302**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **08/10/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3001127** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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 \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WILLIAMS, J.B.
2262 N. MONROE
TALLAHASSEE FL 32303**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, J.B.	1.2 NAME	
STREET ADDRESS	2262 N. MONROE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32303	1.4 CITY - ST - ZIP	
TITLE	C/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUMBLER, BRENT	2.2 NAME	
STREET ADDRESS	315 S. CALHOUN	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INZER, ROBERT	3.2 NAME	
STREET ADDRESS	300 S. ADAMS	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32301	3.4 CITY - ST - ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, RONALD	4.2 NAME	
STREET ADDRESS	302 N. BARCELONA	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32501	4.4 CITY - ST - ZIP	
TITLE	D/VC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, DECK	5.2 NAME	
STREET ADDRESS	P O BOX 2180 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL 32340	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONALEZ, HANK	6.2 NAME	
STREET ADDRESS	P.O. BOX 12750 N/A	6.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32501 <i>715, 5/17/95</i>	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 110.07(3)(d), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: _____
Signature and typed or printed name of signing officer or director

REMITTED BY MAY 1