### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N42179**

1. Corporation Name

ESCAMBIA BAY MARINE INSTITUTE, INC.

Principal Place of Business 10605 GULF BEACH HWY

2. Principal Place of Business

PENSACOLA FL 32507

21

Mailing Address

10605 GULF BEACH HWY PENSACOLA FL 32507

# **FILED** Mar 22, 1999 8:00 am § Secretary of State

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11		29 015 Paniamin C	onte	n Drive	02/20/1991		
Suite, Apt.	#, etc.	<sup>2</sup> 5915 Benjamin C	Cut	I DIIVE	4. FEI Number	<del></del>	pplied For
2		<sup>27</sup> <b>Tampa, FL 33634</b>		59-3051944	No	ot Applicable	
City & State		City & State		5. Certifcate of Status Desired	<b>+</b> - · · · ·	Additional equired	
Zip	Country		Country		6. Election Campaign Financing	\$5.00	May Be
14	25	29 30	U		Trust Fund Contribution		to Fees
	9. Name and Address of Current F				10. Name and Address of New Regis	stered Agent	
	- Name		81	Name			
HULL, DAVID J				82 Street Address (P.O. Box Number is Not Acceptable)			
227 SOUTH CALHOUN							
TALLAHASSEE FL 32302			83				
			84	City		FL 85 Zip	Code
office or re	egistered agent, or both, in the State of	Florida. Such change was author	izea by	tne corporation	ration submits this statement for the purp is board of directors. I hereby accept the	ose of changing its appointment as re	registered egistered
agent. I ai	m familiar with, and accept the obligatio	ns of, Section 617.0503, Florida S	Statutes				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Regis	tered Aner	t signature required v	when reinstating)	DATE	
12.	OFFICERS AND		13.	K ograda i odanos i	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
TITLE	T		.1 TITLE			Change	☐ Addition
NAME	BAXTER, WILLIAM (BILL)	1	.2 NAME				
STREET ADDRESS	335 CHANTERENE DRIVE	1,	.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32507	1	.4 CITY-5	T-ZIP			
TITLE	VP	☐ DELETE 2	.1 TITLE			☐ Change	☐ Addition
NAME :	BRIGHAM, OR ISAAC		.2 NAME				
STREET ADDRESS	1000 COLLEGE BLVD	į z	3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504	i a	2. 4 CITY- S	T-ZIP			
TITLE	T	☐ DELETE 3	1.14TTLE	1		☐ Change	☐ Addition
NAME	BRUHN, RICHARD (DISK)	13 1	. M	-		Ì	
STREET ADDRESS	1401 18TH AVENUE SOUTH	<b>YOO</b> (1)	is RE.	DO 25	NOT 114	<b>-</b>	
CITY-ST-ZIP	BIRMINGHAM AL 35205		24. Ĝi 1-2	1.2	113		
TITLE	T	☐ DELETE 4	I.1 TITLE			☐ Change	Addition
NAME	DOYLE RODGER		. 2 NAME				
STREET ADDRESS	4 WEST GADSDEN STREET	, 4	.3 STREE	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32501		.4 CITY-S	T-ZIP			
TITLE	T	☐ DELETE	5.1 TITLE			Change	Addition Addition
NAME	GOODMAN, MARCI L		3.2 NAME				
STREET ADDRESS	1800 ST MARY'S STREET, BOX	5	3.3 STREE	TADORESS			
CITY-ST-ZIP	PENSACOLA FL 32501		5.4 CITY- S	T-ZIP			
TITLE	T	DE TE	3.1 TITLE			Change	Addition
NAME	HUNTER, CECIL		3.2 NAME				
STREET ADDRESS	1330 E SCOTT STREET		3 STREE	T ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32503	$\mathbf{V}_{i}$	3.4 CITY-S	T-ZIP			
		· · · · · · · · · · · · · · · · · · ·			ection 119 07(3)(i) Florida Statutes, I furt	her certify that the	information

2Associated Marine Institutes 3. Date Incorporated or Qualifed

02/20/1991

supplied with this filling does not qualify for the exemption stated in Section 113-05(f). Frontial statutes, I further certify that the limit man appears the statute shall have the same legal effect as if made under oath; that I am an appears in the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in indicated on this annual report officer or director of the core Block 12 or Block 13 if chan

## Escambia Bay Marine Institute

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