SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -7 AM 10:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N92000000874 (9)**

1. Corporation Name

FIVE FLAGS OFFICIALS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 12547 PENSACOLA FL 32573	P.O. BOX 12547 PENSACOLA FL 32573

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3162193 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

GRANGER, DOUGLAS S
571 BOBWHITE DRIVE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

61 Name: Ronald S. Cloud
62 Street Address (P.O. Box Number is Not Acceptable): 701 Brookmeadow Ln
63:
64 City: Pensacola FL 65 Zip Code: 32514

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: Ronald S Cloud DATE: 7/31/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Director	☐ Change ☑ Addition
NAME	GRANGER, DOUGLAS	12 NAME	Ronald S. Cloud	
STREET ADDRESS	571 BOBWHITE DRIVE	13 STREET ADDRESS	701 Brookmeadow Ln	
CITY-ST-ZIP	PENSACOLA FL 32514	14 CITY-ST-ZIP	Pensacola Fl 32514	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MCKEE, DOUGLAS	22 NAME		
STREET ADDRESS	140 SPRAGUE DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	DEYTON, JOHN	32 NAME		
STREET ADDRESS	4305 GULLEDGE LANE	33 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: Ronald S Cloud 7/01/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0010766