FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N93000002898 (5)**

1. Corporation Name

DISTRICT NINE, INC.

Principal Place of Business	Mailing Address
10 HOLLYWOOD BLVD SE FT WALTON BEACH FL 32548	10 HOLLYWOOD BLVD SE FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified: **06/23/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-3187584** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DINEEN, DONALD C
10 HOLLYWOOD BLVD SE
FT WALTON BEACH FL 32548

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 _____ DATE
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	DP	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	JONES, PHIL		1.2 NAME	CARROLL, LARRY K.	
STREET ADDRESS	6408 HWY 90 STE 4		1.3 STREET ADDRESS	2551 JENKS AVE	
CITY-ST-ZIP	MILTON FL		1.4 CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	AHRNDT, CHARLES		2.2 NAME	STERRETT, ROBERT D.	
STREET ADDRESS	938 S FERDON BLVD		2.3 STREET ADDRESS	2112 S HWY 77 - STE B	
CITY-ST-ZIP	CRESTVIEW FL		2.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAARS III, THEO		3.2 NAME		
STREET ADDRESS	221 S BAYLEN		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BOWMAN, KATHLEEN		4.2 NAME	FOUNTAIN, BETTY	
STREET ADDRESS	592 S FERDON BLVD		4.3 STREET ADDRESS	1901 RUE LA FONTAINE	
CITY-ST-ZIP	CRESTVIEW FL		4.4 CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BRYAN, JOSEPHINE D		5.2 NAME	HOUSE, JAKE	
STREET ADDRESS	5345 HWY 90		5.3 STREET ADDRESS	301 S FERDON BLVD	
CITY-ST-ZIP	PACE FL		5.4 CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DIUGUID, J W		6.2 NAME		
STREET ADDRESS	210-A HWY 98 E		6.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #