APR-23-98 THU 07:05 AM OSULLIVAN HICKS PATTON FAX NO. 850 435 2888 P. 01

JAN 15 '98 09:58AM ESC INC

FILE NOW: FILING FEE IS $61.25

FILED
May 19 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 # N94000000527 (1)

1. Corporation Name

EMMITT SMITH CHARITIES, INC.

[redacted]

Principal Place of Business	Mailing Address
890 N. REUS ST. 48 PENSACOLA FL 32501 US	4300 BAYOU BOULEVARD SUITES 12 & 13 PENSACOLA FL 32503

3. Date Incorporated or Qualified: 01/24/1994
4. FEI Number: 59-3220175 ☐ Applied For ☐ Not Applicable

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

FERGUSON, MICHAEL L
4300 BAYOU BOULEVARD
SUITES 12 & 13
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	SMITH, EMMITT J III	1.2 NAME
STREET ADDRESS	3300 NORTH PACE BLVD., SUITE 210	1.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA, FL FL 32505	1.4 CITY-ST-ZIP
TITLE	STD ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	SMITH, MARY	2.2 NAME
STREET ADDRESS	3300 NORTH PACE BLVD., SUITE 210	2.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA, FL FL 32505	2.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	BENNETT, WENDOLYN R	3.2 NAME
STREET ADDRESS	3001 HIGH POINTE PLACE	3.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL 32505	3.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	WILLIAMS, CHARLES	4.2 NAME
STREET ADDRESS	3159 MARCUS POINTE BLVD.	4.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL 32504	4.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	5.1 TITLE 500002530459 ☐ Change ☐ Addition
NAME	ROSS, NORMAN	5.2 NAME -05/20/98--01087--027
STREET ADDRESS	8295 DURANGO PLACE	5.3 STREET ADDRESS ***61.25
CITY-ST-ZIP	PENSACOLA FL 32504	5.4 CITY-ST-ZIP
TITLE	D ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	SCOTT, WERNER	6.2 NAME
STREET ADDRESS	5215 NO. O'CONNOR RD., SUITE 770	6.3 STREET ADDRESS SC 5/19
CITY-ST-ZIP	IRVING TX 75039	6.4 CITY-ST-ZIP

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 REQUIRED Mary E. Smith 4/27/98
Handwritten signature and typed or printed name of signing officer or director — Date — Daytime Phone # (optional)