

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am  
Secretary of State

|                                                            |                                                                                                                                                                                       |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortherm<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

DOCUMENT # **N94000001562 (7)**

1. Corporation Name

**COHESION, INC.**

Principal Place of Business

P.O. BOX 16189  
PENSACOLA FL 32507

Mailing Address

P.O. BOX 16189  
PENSACOLA FL 32507-6189



|                                |  |                     |  |                                                                                                                                                             |  |                                                                   |  |
|--------------------------------|--|---------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br><b>03/18/1994</b>                                                                                                      |  | 3a. Date of Last Report<br><b>10/17/1996</b>                      |  |
| 21                             |  | 26                  |  | 4. FEI Number<br><b>59-3158660</b>                                                                                                                          |  | Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |
| 22 Suite, Apt. #, etc.         |  | 27                  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                        |  | <b>\$8.75 Additional Fee Required</b>                             |  |
| 23 City & State                |  | 28                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             |  | <b>\$5.00 May Be Added to Fees</b>                                |  |
| 24 Zip                         |  | 25 Country          |  | 29                                                                                                                                                          |  | 30                                                                |  |
| 32507                          |  | USA                 |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                                                   |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBY, THELMA L  
~~200E BURGESS RD.~~ 509-A North "L" ST  
~~#488~~  
PENSACOLA FL 32503 32501

|                                                       |                |
|-------------------------------------------------------|----------------|
| 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 617.1506, 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 *Shelma L. Roby* President **4-29-97**  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | VD <input type="checkbox"/> DELETE      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WELCOME, JAMES R                        | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 502 N. GREEN ST.                        | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | PENSACOLA FL 32505                      | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | PD <input type="checkbox"/> DELETE      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROBY, THELMA L 509-A North "L" ST       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <del>200 E. BURGESS ST., APT. 488</del> | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | PENSACOLA FL 32503 32501                | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | S <input type="checkbox"/> DELETE       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SHARPE, DARLENE D                       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6283 RIDGEGATE CIR.                     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | PENSACOLA FL 32504                      | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | TD <input type="checkbox"/> DELETE      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WARD, EUGENE                            | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2103 ST. ANDREWS DR.                    | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | CANTONMENT FL 32533                     | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE         | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                         | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                         | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                         | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE         | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                         | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                         | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                         | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I do 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 in an attachment with an address.

*Shelma L. Roby* 29 april 1997 (904) 434-6760

CR2E037 (9/96)