### 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 # N9600002550

1. Corporation Name

#### SEVILLE IMPROVEMENT BOARD INCORPORATED

Principal Place of Business 326 E INTENDENCIA ST PENSACOLA FL 32501-6138

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

326 E INTENDENCIA ST PENSACOLA FL 32501-6138

# FILED Feb 03, 1999 8:00am Secretary of State

02-03-1999 90009 037 \*\*\*\*\*70.00



Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

05/07/1996

59-3453987

4. FEI Number

23	28								1 00 1.00	<del></del>	
Zip	Country	Zip	ipCour			6. Election Car	npaign Financing	П	\$5.00 ı		
24	25	29	30		Trust Fund Contribut			ition		Added to Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
			1	81	Name						
BAUCUM, PETE AND THE STATE OF T				82	Street Addre	ess (P.O. Box Num	ber is Not Accepta	able)			
326 E INTENDENCIA ST				<b>-</b>	500000	, , , , , , , , , , , , , , , , , , , ,					
PENSACOLA FL 32501				83							
Ellend Color Branch				-	64				85 Zip C	odo	
TOTAL CATALOG SAMENEA				84	City FL 85 Zip C				oue oak		
44 5	to the same delices of Continue 647 0500 a	and 617,1508, Florida Statu	ites, the ab	ove-	named corpo	oration submits this	statement for the	purpose of o	changing its	registered	
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was a	authonzed	DV tr	ne corporation	n's board of directe	ors. I hereby accep	ot the appoin	itment as reg	istered '	
SIGNATURE	新洲镇的学玩。而且基础。							DATE			
Cignature, sypacial printed states of agreement and agreement and agreement agreement and agreement agreem				Agent :	signature required		CHANGES TO OF	DATE FICERS AN	D DIRECTO	RS IN 12	
12.	. OFFICERS AND		13. 1.1 πι	_		ADDITIONSA	JIIANGES 10 OF	FIGERO AN	Change	Addition	
TITLE											
NAME	BAUCUM, PETE		1.2 NA								
STREET ADDRESS				REETA	UDDRESS	•					
CITY-ST-ZIP				Y-\$T-	ZIP				T ()	C Addition	
TITLE	VP D	☐ DELETE 2.11		LE					Change	☐ Addition	
NAME	1211011, 0011011110		2.2 NA	ME							
STREET ADDRESS	1800 EAST LAKEVIEW AVENUE 231			REET A	NODRESS						
CITY-ST-ZIP	PENSACOLA FL 32503			ry-st	-ZIP .						
TITLE	SD	☐ DELETE	3.1 TITI	LE					Change	Addition	
NAME	DAUGHTRY, DENISE 321			ME							
STREET ADDRESS	226 E INTENDENCIA ST. 33			REET	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL 32501-6138 34.			ry-st-	-ZIP			·			
TITLE	T	☐ DELETE	4.1 TITI	LE			-		☐ Change	Addition	
NAME	BROWN, WHIT . 4.21		4. 2 NA	ME							
STREET ADORESS	1			REET A	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL 32501-6138		4,4 CIT	Y-ST-	ZIP		100	<u> </u>	<u>. 4</u> , • .		
TITLE	T	☐ DELETE	5.1 TITI					-	Change	☐ Addition	
NAME	DAUGHTRY, DAVE	•	5.2 NA	ME							
STREET ADDRESS	*** * * ******	•	5.3 STF	REET /	NODRESS						
CITY-ST-ZIP	[			Y-ST-	ZIP		-				
TITLE	T	☐ DELETE	6.1 TITI	LE					☐ Change	☐ Addition	
NAME	YOUNG, JACQUELINE	<u> </u>	6.2 NA	ME							
	404 OALLE DE CAMBIACO		6.3 ST	REET A	ADORESS						
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			Y-ST-	- 1					•	
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify fo				Section 119.07(3)(i)	. Florida Statutes.	I further cerl	tify that the in	formation	
in inereby	certify that the information supplied with	uns ming uses not quanty it	or trie exer	that	my eignatura	shall have the sai	me legal effect as i	f made unde	r oath: that I	am an	

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 arrivation 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, with all other like empowered.

SIGNATURE

SIGNATURE AND THE DATA PRINCIPLE SIGNING OFFICER OR DIRECTOR

1/11/99 850-433-5715

:K2E037 (11/98)