


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 # **N97000005693 (3)**

1. Corporation Name

FIRST PRIORITY OF NORTHWEST FLORIDA, INC.



Principal Place of Business P.O. BOX 11071 PENSACOLA FL 32524-1071	Mailing Address P.O. BOX 11071 PENSACOLA FL 32524-1071
--	--

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

59-3479502

Applied For

Not Applicable

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Name and Address of Current Registered Agent

**LANCASTER, ZEARL
8828 NORTH DAVIS HIGHWAY
SUITE 4
PENSACOLA FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **LANCASTER, ZEARL**
STREET ADDRESS **P.O. BOX 11071**
CITY-ST-ZIP **PENSACOLA FL 32524-1071**

TITLE **V** ☐ DELETE
NAME **ROGERS, BOB**
STREET ADDRESS **P.O. BOX 11071**
CITY-ST-ZIP **PENSACOLA FL 32524-1071**

TITLE **S** ☐ DELETE
NAME **BELL, BRIAN P**
STREET ADDRESS **P.O. BOX 11071**
CITY-ST-ZIP **PENSACOLA FL 32524-1071**

TITLE **T** ☐ DELETE
NAME **DYE, RICK**
STREET ADDRESS **P.O. BOX 11071**
CITY-ST-ZIP **PENSACOLA FL 32524-1071**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **TAYLOR, GARY**
1.3 STREET ADDRESS **~~P.O. BOX 11071~~ 8122 LAUTON**
1.4 CITY-ST-ZIP **~~PENSACOLA, FL 32514~~ 32514-0201**

2.1 TITLE **T.R.** ☐ Change ☒ Addition
2.2 NAME **NELSON, MATT**
2.3 STREET ADDRESS **~~P.O. BOX 11071~~ 3930 McCLELLAN CR.**
2.4 CITY-ST-ZIP **~~PENSACOLA, FL 32514~~ 32503**

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME **LANCASTER, ZEARL**
3.3 STREET ADDRESS **8801 THUNDERBIRD DR.**
3.4 CITY-ST-ZIP **PENSACOLA, FL 32514**

4.1 TITLE **V** ☒ Change ☐ Addition
4.2 NAME **ROGERS, BOB**
4.3 STREET ADDRESS **4966 MATTHEW RD.**
4.4 CITY-ST-ZIP **PAGE, FL 32571**

5.1 TITLE **S** ☒ Change ☐ Addition
5.2 NAME **BELL, BRIAN**
5.3 STREET ADDRESS **359 BUNKER HILL DR.**
5.4 CITY-ST-ZIP **PENSACOLA, FL 32506**

6.1 TITLE **T** ☒ Change ☐ Addition
6.2 NAME **DYE, RICK**
6.3 STREET ADDRESS **2050 GALT RD.**
6.4 CITY-ST-ZIP **PENSACOLA, FL 32503**

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:



CR2E037 (1097)