DOCUMENT # N9800003272 1. Entity Name					FILED Jun 29, 2000 8:00 an			
NORTH	FLORIDA/ALABAMA CHAPTEI	R, PUBLIC RISK AND			Secreta 05-15-2000 9	•		
Principal Plac	ce of Business	Mailing Address	~		03 13 2000 3	0311031	01.23	
180 GOVERNMENTAL CENTER PENSACOLA FL 32501		1625 ATWOOD DR PENSACOLA FL 32514-7505 US						
		Ta Main				ئىشى .		
2. Principal Place of Business 3220 Deen Ridge Rd Suite, Apt. #, etc.		3. Mailing Address 320 Deer R. dge Rd Suite, Apt. #, etc.		<u>, </u>	DO NOT WRITE IN THIS SPACE			
City & Stat	torment FL	City & State CANTONNE		4. FEI Numbe	59-3506764		im zeu Applicable	
325	33 USA	32533	-Country-	5. Certificate	of Status Desired ::	\$8.75 Add		
180 GOVERNMENTAL CENTER PENSACOLA FL 22501				BIII BUL ddress (P.O. Box Number	7. Name and Address of New Registered Agent 1/ Bulchett (P.O. Box Number is Not Acceptable) 220 Deer R. da + Rd			
8. The above	e named entity submits this statement for	DX B.11.	City registered office or Bull Registered Agent signature	hett. Secre	n, in the state of Florida.	FL Zip Cod		
FILE NOW: 9. Election Campaign Trust Fund Contrib			· ~	\$5.00 May Be Added to Fees	ded to Fees Department of State			
10.	OFFICERS AND DIF		11.	ADDITIONS/CHA	ANGES TO OFFICERS ANI	DIRECTORS IN		
NAME STREET ADDRESS CITY-ST-ZIP	IDP MCCOOL, RICHARD C ONE ENERGY PLACE PENSACOLA FL 32520-0223	E Delete	TATLE NAME STREET ADDRESS CITY-ST-ZIP	PLHOIZS 601 N. Pe CRESTURE	AN J FL 32536	ra. cusuds	☐ Addition	
TITLE NAME STREET ADDRESS	T HOLZSCHAH, L 601 NORTH PEARL	CP Oeleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bill BUL 3.220. D	chett Deckd.	☐ Change	Addition O	
TITLE NAME STREET ADDRESS _CITY_ST, ZIP	CRESTVIEW FL 32536 TST TRAHON, BRUCE W 180 GOVERNMENTAL CTR PENSACOLA FL-32501	☐ Delete	TITLE NAME STREET ADDRESS	VICE PRESIDENT PONT PENSAGE	V. PARKWAY	33533 ☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the co		true and accurate and that mo wered to execute this report a	ny signature shall he as required by Char	ive the same legal effect	i as it made under cath; th	at I am an onicer ars in Block 10 or	or director [