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1. Entity Name

DOCUMENT #

POCO LOCO WESTERN TOWN, INC.

Principal Place of Business Mailing Address 25755 STATE HWY 59 N. -PO BOX 448 STAPLETON AL SSETS 104-E. NINE MILLE ROAD P.O. BOX 15674 PENSACOLA FLORIDA 32534 PENSACOLH, FL132514 2. Principal Place of Business ·O·BOX OHENINE MILLE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE NSACOL LORIDA. ENSACOLA. City & State Applied For City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ESCAMBI ESCAMBIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIDDLETON, JAMES W PA Street Address (P.O. Box Number is Not Acceptable) 216 HOSPITAL DR. NE FT. WALTON BEACH FL 32548-5068 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT - DIRECTOR TITLE ☐ Delete TITLE Change Addition JOSEPH F. MORGANI 4475-NOBILE HWY. NAME NAME STREET ADDRESS **CR2E034** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SECURY - DIRECTOR
JOSEPH F. MORGAN
HIGHU TITLE 51 D ☐ Delete TITLE ☐ Change ☐ Addition 4475- MOBILL HIGHWAY NAME NAME STREET ADDRESS STREET ADDRESS PENSACOLA, FLORIDA 32506 CITY-ST-ZIP CITY-ST-ZIP TRESURGED BRETHORS T DOES 1305 W. BUCKNOWN - apt AK ST. TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CALIFORNIA MO. 32506 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete JITLE Change

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

(9/01)