SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED
94 JUL -5 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11458 (7)

1. Corporation Name
PILOT AND ASSOCIATES, INC.

Mailing Address	Principal Place of Business
708 OAK CIRCLE DR W P.O. BOX 91299 MOBILE AL 36619-8299	708 OAK CIRCLE DR W P.O. BOX 91299 MOBILE AL 36619-8299

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1986
3a. Date of Last Report: 04/14/1993
4. FEI Number: 63-0847253 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: X Yes ☐ No

2. Mailing Address
21
22 Suite, Apt. #, etc
23 City & State
24 Zip
25 Country

2a. Principal Place of Business
26 SAME
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508 or 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 607.0505 or 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

1 1 TITLE	S/T/D
1 2 NAME	PILOT, ELMA G.
1 3 STREET ADDRESS	962 HIGHPOINT DRIVE EAST
1 4 CITY-ST-ZIP	MOBILE AL
2 1 TITLE	V/D
2 2 NAME	FONDE, DAPHNE PILOT
2 3 STREET ADDRESS	3609 ARRINGTON DRIVE
2 4 CITY-ST-ZIP	MOBILE AL
3 1 TITLE	V/D
3 2 NAME	PILOT, WALTER DAVIS JR.
3 3 STREET ADDRESS	5563 JAMES MADISON SOUTH
3 4 CITY-ST-ZIP	MOBILE AL
4 1 TITLE	P/D
4 2 NAME	PILOT, CURTIS F.
4 3 STREET ADDRESS	401 POTTERS MILL AVENUE
4 4 CITY-ST-ZIP	DAPHNE AL
5 1 TITLE	V/D
5 2 NAME	PILOT, RODNEY A.
5 3 STREET ADDRESS	309 WOODBRIDGE CIRCLE
5 4 CITY-ST-ZIP	MONTROSE AL
6 1 TITLE	
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS

1 1 TITLE	
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	
2 1 TITLE	
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or will be attached with an address.

SIGNATURE: [signature] 6/28/94 205-660-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #