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95 MAY -1 AM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P11458** **(7)**

1. Corporation Name
PILOT AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/17/1986**
3a. Date of Last Report: **06/07/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

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, 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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	STD	☒ Change ☐ Addition
NAME	PILOT, ELMA G.	12 NAME	DAPHNE P. FONDE	
STREET ADDRESS	962 HIGHPOINT DRIVE EAST	13 STREET ADDRESS	708 OAK CIRCLE DR. W.	
CITY-ST-ZIP	MOBILE AL	14 CITY-ST-ZIP	Mobile, AL 36619-8299	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	FONDE, DAPHNE PILOT	22 NAME	See Above	
STREET ADDRESS	3609 ARRINGTON DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	PILOT, WALTER DAVIS JR.	32 NAME		
STREET ADDRESS	5563 JAMES MADISON SOUTH	33 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	PILOT, CURTIS F.	42 NAME		
STREET ADDRESS	401 POTTERS MILL AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	DAPHNE AL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	PILOT, RODNEY A.	52 NAME		
STREET ADDRESS	309 WOODBRIDGE CIRCLE	53 STREET ADDRESS		
CITY-ST-ZIP	MONTROSE AL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Curtis F Pilot ✓ 4/24/95 ✓ 334-666-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0471784 FP