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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P11458** (7)

1. Corporation Name
PILOT AND ASSOCIATES, INC.

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

Mailing Address
**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

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

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

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

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
PILOT, ELMA G.
962 HIGHPOINT DRIVE EAST
MOBILE AL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
FONDE, DAPHNE PILOT
3609 ARRINGTON DRIVE
MOBILE AL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
PILOT, WALTER DAVIS JR.
5563 JAMES MADISON SOUTH
MOBILE AL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
PILOT, CURTIS F.
401 POTTERS MILL AVENUE
DAPHNE AL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
PILOT, RODNEY A.
309 WOODBRIDGE CIRCLE
MONTROSE AL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**STD
DAPHNE P. FONDE
708 OAK CIRCLE DR. W.
Mobile, AL 36619-8299**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

SEE ABOVE

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

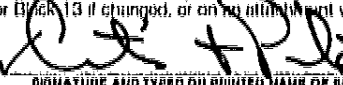
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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 007, 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** ✓ **4/28/94** ✓ **334-666-1110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR