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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P11458

PILOT AND ASSOCIATES, INC.

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

FILED Mar 16, 1999 8:00 am **Secretary of State**

03-16-1999 90141 046 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/17/1986 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 63-0847253 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year intangible Zip Zip Country □ No ___ Yes 30 Personal Property Tax 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 83 85 Zip Code 84 City 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 primed pame of registered abent and blied dispolicable (NOTE Registered Agent suprature registered when reinstatura) DATE			
12.	Signature, typed or printed name of registered agent and title if upplicable INO1 OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	P DELETE	1: TITLE	Change Addition
TITLE	·	i (<u> </u>
NAME	FONDE, DAPHNE P.	12 NAME	
STREET ADDRESS	1055 HILLCREST RD	: 3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36695	1.4 CITY- ST- ZIP	
TITLE	VD DELETE	21 TITLE	Change Addition
NAME	PILOT, WALTER DAVIS JR.	2.2 NAME	
STREET ADDRESS	1055 HILLCREST RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36695	2 4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	PILOT, CURTIS F.	30 NAME	
STREET ADDRESS	1055 HILLCREST RD D-2	33STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36695	34 CHTY-ST-ZIP	
TITLE	VD □ DELETE	41 TITLE	☐ Change ☐ Acdition
NAME	PILOT, RODNEY A.	4 2 NAME	
STREET ADDRESS	1055 HILLCREST RD D-2	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36695	4 4 CITY- ST- ZIP	
TITLE	(_) DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		6 J STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

DELICER OR DIRECTOR