FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:05

DOCUMENT # **P92000005093 (9)**

1. Corporation Name
CORDOVA VENTURES, INC.

Principal Place of Business	Mailing Address
195 E FAIRFIELD PENSACOLA FL 32503	195 E FAIRFIELD PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/12/1992**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business	2a. Mailing Address
21 316 S Baylen St Box 100	26 316 S Baylen St Box 100
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pensacola FL	City & State 28 Pensacola FL
Zip 24 32501 Country 25 U.S.	Zip 29 32501 Country 30 U.S.

4. FEI Number: **59-3151624** ☐ 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	10. Name and Address of New Registered Agent
LOVIN, ALLEN R 195 E. FARFIELD DRIVE PENSACOLA FL 32503	81 Name: Levin Allen R. 82 Street Address (P.O. Box Number is Not Acceptable): 316 S. Baylen St Box 100 83 84 City: Pensacola FL 85 Zip Code: 32501

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 reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	☒ Change ☐ Addition
NAME	BRANNEN, DAVID	12 NAME	
STREET ADDRESS	195 E FAIRFIELD	13 STREET ADDRESS	316 S. Baylen St. Box 100
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	Pensacola FL 32501
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	LEVIN, ALLEN R.	22 NAME	
STREET ADDRESS	195 E. FAIRFIELD DRIVE	23 STREET ADDRESS	316 S. Baylen St. Box 100
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Pensacola FL 32501
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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 above, or on an attachment with an address.

SIGNATURE: _____ ALLEN R. LEVIN 3/30/95 904 436-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0300476 CP