

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # P92000005093 (9)

1. Corporation Name:

CORDOVA VENTURES, INC.



Principal Place of Business

316 S. BAYLEN ST. BOX 100
PENSACOLA FL 32501
US

Mailing Address

316 S. BAYLEN ST. BOX 100
PENSACOLA FL 32501
US

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEVIN, ALLEN R.
316 S. BAYLEN ST. BOX 100
PENSACOLA FL 32501

3. Date Incorporated or Qualified

11/12/1992

3a. Date of Last Report

04/04/1995

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

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 of person submitting this report is required when filing for the first time)

(Signature of Agent is required when filing for the first time)

(Date)

12. OFFICERS AND DIRECTORS

1.1 TITLE

ST
BRANNEN, DAVID
316 S. BAYLEN ST. BOX 100
PENSACOLA FL
P

☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1.5 TITLE

LEVIN, ALLEN R.
316 S. BAYLEN ST. BOX 100
PENSACOLA FL

☐ DELETE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-STATE-ZIP

1.9 TITLE

☐ DELETE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-STATE-ZIP

1.13 TITLE

☐ DELETE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-STATE-ZIP

1.17 TITLE

☐ DELETE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-STATE-ZIP

1.21 TITLE

☐ DELETE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-STATE-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1.5 TITLE

☐ Change ☐ Addition

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-STATE-ZIP

1.9 TITLE

☐ Change ☐ Addition

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-STATE-ZIP

1.13 TITLE

☐ Change ☐ Addition

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-STATE-ZIP

1.17 TITLE

☐ Change ☐ Addition

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-STATE-ZIP

1.21 TITLE

☐ Change ☐ Addition

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-STATE-ZIP

1.25 TITLE

☐ Change ☐ Addition

14. I 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

3/5/96 904-435-1160
Date Daytime Phone

CR2E034 (12/95)