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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9200006338 (7)

Principal Plac	e of Business	IY OF FLORIDA Maiing Address						
308 SOUTH JEFFERSON ST. PENSACOLA FL 32501		308 SOUTH JEFFERSON ST. PENSACOLA FL 32501						
					3. Date Incorporated or Qualified 10/27/1992		e of Last F	•
2. Principat F	Place of Business	2a. Mailing Address	······		4. FEI Number		02/15/19	Applied For
l .		26			59-3152307			Not Applicable
- Suite, Apt. I	.#,etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	5 Additional
Objek Stat		27					Fee	Required
Oty & Stale		<u> </u>	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be			
! Zip	Country	Zipi	Count	rv	This corporation has liability for			d to Fees
	25	29	30	.,		s 🗌 No	ax under s	199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New I	Registered	Agent	
			8	1 Name				
	IEWS, EDSEL F JR		8	2 Street Add	Iress (P.O. Box Number is Not Acceptal	ble)		
308 SOUTH JEFFERSON ST.			_			·		
PENSA	ACOLA FL 32501		8	3				
			8	4 City			85 Z	p Code
1. Pursuant	to the provisions of Sections 607 0502	and 607 1509 Florida Statu	itos the etc.	paned serve	ration submits this statement for the purify accept the app	FL	• _ _	
GNATURE 2.	Styriating typed or portlad name of registraten apart	and the if approable (N	taan kootiiin ta					
	OFFICERS AND	DIRECTORS	13,	ent signature require	od when reinstating/ ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	ORS IN 12
I t	P	DIRECTORS DELETE			od when reinstating! ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
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ME ESTEADORESS	P Barnett, Philip e 4902 NW Industrial Dr	DIRECTORS	13. 1. 1 T/TLI 1.2 NAME			ICERS AND		<u></u>
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certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have legal effect as if made under early 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 5 if charged, or given a statement with an address.

SIGNATURE:

V. PRESIDENT

SIGNATURE:

SANTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/96

Oate

210 684-0740

Destine Phone #