

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

DOCUMENT # P93000005775 (0)

For Corporation Name

PPF, INC.

COMPANY NUMBER

SEE STATE OF FLORIDA
TAX RULES, FLORIDA

Office for the State of Florida

Meeting Address

98 EAST GARDEN ST
PENSACOLA FL 32501

98 EAST GARDEN ST.
PENSACOLA FL 32501

Do not write in this space

3. Date of Incorporation or Qualification

01/15/1993

3b. Date of Last Report

05/01/1994

2. Principal Office Address

21. 216 E Church St.

2b. Meeting Address

26. 216 E Church St.

4. FEI Number

59-3158517

Applied For

Not Applicable

22. City, State

23. Pensacola, FL

27. City, State

28. Pensacola, FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financial

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193(1)(c)
Florida Statutes ☐ Yes ☐ No

24. 32501

25. ☒

29. 32501

30. ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LORREN, LONNIE D
98 EAST GARDEN ST.
PENSACOLA FL 32501

81. Name

82. Street Address, P.O. Box Number, Not Applicable

216 E. Church St.

83. City, State

Pensacola

FL

85. 32501

11. I, the undersigned, the president of the corporation, do hereby certify that this document is a true and correct copy of the original as filed with the Department of Revenue, State of Florida, for the purpose of changing the registered office of the corporation, and that the same has been duly authorized by the corporation's board of directors. I hereby accept the appointment as president of the corporation.

Signature

12. CURRENTLY APPOINTED AGENT

NAME

D
LORREN, LONNIE D
98 EAST GARDEN ST.
PENSACOLA FL 32501

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

13. ADDITIONAL CHANGES TO OFFICE, AND OTHER INFORMATION

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

NAME

STREET ADDRESS

CITY, STATE

ZIP

SIGNATURE:

PRINTABLE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR