CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06 1997 8:00am
Secretary of State

1. Corporation Name

PFP, INC. P93000005775

DOCUMENT # P93000005775 (0)

Mailing Address	Principal Place of Business
~~98 EAST GARDEN ST.~~ PENSACOLA FL 32501	~~98 EAST GARDEN ST.~~ PENSACOLA FL 32501

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21 324 S. ALCANIZ ST.	26 324 S. ALCANIZ ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pensacola, Fl	City & State 28 Pensacola, Fl
Zip 24 32501 Country 25 escambia	Zip 29 32501 Country 30 escambia

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report:
4. FEI Number: 59-3158517 ☐ 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 324 S. Alcaniz Street
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______________________ DATE ______________

12.	OFFICERS AND DIRECTORS	13.	CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	D	1.1 TITLE	D
1.2 NAME	LORREN LONNIE D	1.2 NAME	Lorren, Lonnie D.
1.3 STREET ADDRESS	98 EAST GARDEN ST.	1.3 STREET ADDRESS	324 S. Alcaniz Street
1.4 CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	Pensacola, Fl 32501
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	RW 5-6-97
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	900002175949
6.2 NAME		6.2 NAME	-05/13/97--01006--005
6.3 STREET ADDRESS		6.3 STREET ADDRESS	***165.00
6.4 CITY-ST-ZIP		6.4 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)(k), Florida Statutes. I release the Division of Corporations from [illegible] compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated [illegible] 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 have fulfilled all [illegible] imposed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute [illegible] by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [signature] (Lonnie D. Lorren) 4/29/97 904-432-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #