

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000011362 (9)

1. Corporation Name

ESCAMBIA DEVELOPMENT CORPORATION

Principal Place of Business

460 NE NINE MILE RD
PENSACOLA FL 32514
US

Mailing Address

460 E NINE MILE RD
PENSACOLA FL 32514
US



3. Date Incorporated or Qualified

02/15/1993

3a. Date of Last Report

08/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3167488

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

MCCALL, MARGIE
8211 N CENTURY BOULEVARD
CENTURY FL 32533

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 typed or printed name of registered agent and filed as follows:

(NOTE: Registered Agent's signature required when transferring)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GRIFFIN, RICHARD
STREET ADDRESS 9043 WOODRUN ROAD
CITY-STATE-ZIP PENSACOLA FL 32514

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME ROBERTSON, WILSON
STREET ADDRESS 9181 WOODRUN ROAD
CITY-STATE-ZIP PENSACOLA FL 32514

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME BARNES, BENNY E
STREET ADDRESS 619 4TH ST
CITY-STATE-ZIP CENTURY FL 32535

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME MCCALL, MARGIE
STREET ADDRESS 9500 SHADY LN
CITY-STATE-ZIP CENTURY FL 32535

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME LINDER, HORACE
STREET ADDRESS 11560 DUELLING OAKS
CITY-STATE-ZIP PENSACOLA FL 32514

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE D ☐ DELETE
NAME KILGORE, CHARLES V
STREET ADDRESS ROUTE 1 BOX 309-A
CITY-STATE-ZIP FLOMATON AL 36441

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

5-15-96

(904) 477-1499

CR2E034 (12/95)