PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000018276

1. Corporation Name

Principal Place of Business 2203 N PACE BLVD PENSACOLA FL 32505 2. Principal Place of Business 21 Suite, Apt. #, etc.		Mailing Address 2203 N PACE BLVD PENSACOLA FL 32505		İ
		2a. Mailing Add	ress	
		Suite, Apt. #, etc.		
City & State		City & State		-
—ī ' ' '		28		

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90057 045 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/08/1993 4. FEI Number Applied For 59-3164875 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible ∑ Yes □No Personal Property Tax. 10. Name and Address of New Registered Agent HOLMES, VERNON E 82 Street Address (P.O. Box Number is Not Acceptable) 1309 N 65TH AVE PENSACOLA FL 32506 83 City 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 (NOTE: Registered Agent signature required Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition □ DELETE 1.1 TITLE TITLE HOLMES, VERNON E 1.2 NAME NAME 2203 N PACE BLVD 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 1.4 CITY+ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.1 71 TLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

R2E034

☐ Addition

[7] Change