

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000020532 (6)
1. Corporation Name
BOB PRICE & SON, INC.

Principal Place of Business	Mailing Address
7430 PINE FOREST RD. PENSACOLA FL 32526	7430 PINE FOREST RD. PENSACOLA FL 32526-0617

3. Date Incorporated or Qualified 03/15/1993	3a. Date of Last Report 05/14/1996
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2. Principal Place of Business	2a. Mailing Address
21	26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

City & State	City & State
23	28

Zip	Country	Zip	Country
24	25	29	30

4. FEI Number 59-3168570	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

PRICE, BOBBY B SR 7430 PINE FOREST RD. PENSACOLA FL 32526	81	Name
	82	Street Address

10. Name and Address of New Registered Agent

Address (P.O. Box Number is Not Acceptable)

51 85 Zip Code

83	
84	City

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 when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME	PRICE, BOBBY B SR	1.2 NAME	
STREET ADDRESS	7430 PINE FOREST RD.	1.3 STREET ADDRESS	

CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
TITLE	DVPS	2.1 TITLE	Change Addition

NAME	PRICE, GLORIA F	22 NAME	
STREET ADDRESS	7430 PINE FOREST RD.	23 STREET ADDRESS	

1.1 CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	
1.2 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS

CITY-ST-ZIP	34 CITY-ST-ZIP
1.01	41 TITLE
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS

CITY-ST-ZIP	44 CITY-ST-ZIP
TITLE	5.1 TITLE
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS

CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS

14. I do 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 within this filing is not false or misleading, and that my signature shall be the same as that of the person who signed the filing.

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: Gloria K. Price Gloria K. Price 4/09/97 904 9441795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)