FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27 1998 8:00am Secretary of State

1. Corporation	MENT # P9300 ON BANCSHARES, INC.	0040970 (4)			
Principal Plac	e of Business	Mailing Address			ı Brusi Basia falisi (\$815 881) (00)
P.O. DRAWER 1272 PENSACOLA FL 32596 US		P.O. DRAWER 1272 PENSACOLA FL 32596 US		DO NOT WRITE IN TI	LIIĈ ĈDACE
03		08			HIS SPACE
	•			3. Date Incorporated or Qualified 06/04/1993	
2. Principal F	Place of Business	2a. Mailing Address	*****	4. FEI Number	Applied For
21 26		26		59-3197878	Not Applicable
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27				5. Certificate of Status Desired	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 owes or has paid the	current year Intangible
24	9. Name and Address of Currer		30	Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	Yes No
NO	BLES, W.D. III	it degistered Agent	81 Name	10. Name and Address of New Register	red Agent
180 N PALAFOX ST					
PENSACOLA FL 32501			62 Street /	Address (P.O. Box Number is Not Acceptable)	
	·		83		
	`				
			84 City		85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statutes of Florida. Such change was au alions of, Section 607.0505, Flori	s, the above-named thorized by the corp ida Statutes	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	
SIGNATURE	Signature, typed or printed name of registered age		Registered Agent signature		
12.	OFFICERS AND DIRECTORS		13.	signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	The state of the s	Change Addition
NAME	NOBLES, W D		1.2 NAME		_ , _
STREET ADDRESS	2303 W MAGNOLIA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		1.4 CITY-ST-ZIP		
TITLE	PO	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NOBLES, WILLIAM D III		2.2 NAME		
STREET ADDRESS	2920 BLACKSHEAR AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503	IT porter	2. 4 CITY-ST-ZIP		
TITLE	NOBLES, JOHN W	☐ DELETE	3.1 TITLE		Change Addition
NAME ATOTET ADODGO	2835 BAYOU BLVD		3.2 NAME		
STREET ADDRESS	PENSACOLA FL 32503		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	*	Change Addition
NAME	NOBLES, DAVID M		4.7 ITILE	D NOBIEC DAUTEM	Change Addition
STREET ADDRESS	4270 LAVALLET CIRCLE		4.2 NAME 4.3 STREET ADDRESS	NOBLES, DAVID M. 1914 E. DESOTO STREET	
CITY-ST-ZIP	PENSACOLA FL 32504		4.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	VCD	☐ DELETE	5.1 TITLE	I BRUNCOLIN, TU 32301	Change Addition
NAME	NOBLES, JOYCE W		5.2 NAME		
STREET ADDRESS	615 BAYSHORE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		5.4 CITY+ST-ZIP		
TITLE	D	DELETE	6.1 TITLE		Change Addition
NAME	NOBLES, LINDA L		6.2 NAME		
STREET ADDRESS	5821 CREEK STATION DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		6 A CITY - ST - 7/P		ſ

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, opening attachment with an address.