	PROFIT DRPORATION NUAL REPORT		Sandr Secre	PARTMENT OF STATE ra B. Mortham etary of State	AMENDED	APPROVED AND FILED
DOC!	1996 JMENT # 500		DIVISION O	PF CORPORATIONS		96 OCT 21 PM 1:19
<ol> <li>Corporat</li> </ol>	tion Name P9.	3000041245				SECRETARY OF STATE
ALI II	A COMMUNICATIO	W2 FFFCIKOV	IICS DISTRI	BUTURS INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Pla	ace of Business	Mé	ailing Address			
	FAIRFIELD DR		O. BOX 832	7		
PENS/	ACULA, FL 3250	1 PE	NSACULA, FI	L 32505	3. Date Incorporated or	Qualified 3a. Date of Last Report
¬ ·	Place of Business	2a.	Mailing Address		6-06-93 4. FEI Number 59-3187256	4-23-96 Applied For
Suite, Apt	1. #, etc.	26	Suite, Apt. #, etc.		59-3187256	Not Applica
City & Sta	ate	27	City & State		5. Certificate of Status D	Fee Required
Zip	Country	28	Zip	т	Election Campaign Fi     Trust Fund Contribution	Added to Fees
]	25 9. Name and Addres	29	·	Country 30	Florida Statutes	liability for intangible tax under s. 199.032,
	a, Name and Addres	is of Current Hegiste	ered Agent	81 Name	10, Name and Address	of New Registered Agent
WILLI 1601	AH D. COLLINS					
1001	PEDRING DUVI)			82 Street #	Address (P.O. Box Number is Not	Acceptable)
MILTO	PEARSUN RUAD N, FL 32583			82 Street A	Address (P.O. Box Number is Not	Acceptable)
MILTO	N, FL 32583			83   84   City		85 Zip Code
Pursuant office or r	to the provisions of Section	ons 607.0502 and 607	.1508, Florida Statut Such change was a	83 84 City		85 Zip Code
Pursuant office or agent. I a	N FL 32583  to the provisions of Section registered agent, or both, am familiar with, and acceptant and acceptant agents.	ons 607.0502 and 607 in the State of Florida. pt the obligations of, S	WILLIAM D	83 84 City tes, the above-named cauthorized by the corporda Statutes. CULLINS	corporation submits this statemen oration's board of directors. I here	85 Zin Codo
Pursuant office or ragent. Fa	to the provisions of Section registered agent, or both, am familiar with, and acceptions of Signature, typed or printed name of OFF	ons 607.0502 and 607 in the State of Florida. pt the obligations of, S	VILLIAN D applicable (NO	83 84 City tes, the above-named cauthorized by the corporda Statutes. CULLINS TE Registered Agent signature n 13.	corporation submits this statement oration's board of directors. I here required when reinstating)  ADDITIONS/CHANGES	FL 85 Zip Code  I for the purpose of changing its registered by accept the appointment as registered
Pursuant office or agent. I a	In the provisions of Section registered agent, or both, am familiar with, and acception of Signature, typed or printed name of OFF	ons 607.0502 and 607 in the State of Florida. The obligations of, State of the obligations of the obligation	VILLIAN D	83 84 City tes, the above-named cauthorized by the corporda Statutes. CULLINS TE Registered Agent signature in 13. 1.1 TITLE	corporation submits this statement oration's board of directors. I here required when reinstating)  ADDITIONS/CHANGES  PRESIDENT	FL 85 Zip Code  I for the purpose of changing its registered by accept the appointment as registered
Pursuant office or ragent. I a GNATURE	to the provisions of Section registered agent, or both, am familiar with, and acception of Section of Section (Section 1997). Signature, typed or printed name of OFI D HATHES, BUNN 3411 PINE FULL	ons 607.0502 and 607 in the State of Florida.  The state of Florida.  I registered agent and time if a FICERS AND DIRECT  TE  REST ROAD	VILLIAN D applicable (NO	83 84 City tes, the above-named cauthorized by the corporda Statutes. CULLINS TE Registered Agent signature in 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS	corporation submits this statement oration's board of directors. I here required when reinstating)  ADDITIONS/CHANGES  PRESIDENT  YN WHITTON  56 ADKINSON DRIVE	I for the purpose of changing its registered by accept the appointment as registered  DATE  TO OFFICERS AND DIRECTORS IN 12  XX Change Addition
Pursuant office or a agent. I a gent. I a gent	to the provisions of Section registered agent, or both, am familiar with, and acception of Section (Signature, typed or printed name of OFI D HATHES, BUNN	ons 607.0502 and 607 in the State of Florida.  The state of Florida.  I registered agent and time if a FICERS AND DIRECT  TE  REST ROAD	VILLIAN D applicable (NO	83 84 City tes, the above-named cauthorized by the corporda Statutes. CULLINS TE Registered Agent signature in 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP	corporation submits this statement oration's board of directors. I here required when reinstating)  ADDITIONS/CHANGES  PRESIDENT  YN WHITTON  66 ADKINSON DRIVE  PENSACOLA, FL 3252	FL 85 Zip Code  I for the purpose of changing its registered by accept the appointment as registered  DATE  TO OFFICERS AND DIRECTORS IN 12  XX Change Addition
Pursuant office or agent. I a gent.	to the provisions of Section registered agent, or both, am familiar with, and acception of Section of Section (Signature, typed or printed name of OFI  D  HATHES, BUNN 3411 PINE FUL PENSACULA, FI D HUNA GILL	ons 607.0502 and 607 in the State of Florida, of the obligations of, so repistered agent and title if a FICERS AND DIRECT  1E  REST RUAD  1.32533	VILLIAN D  Applicable (NO)  ORS  XX DELETE	83 84 City tes, the above-named cauthorized by the corporda Statutes. CULLINS TE Registered Agent signature in 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME	corporation submits this statement oration's board of directors. I here required when reinstating)  ADDITIONS/CHANGES  PRESIDENT YN WHITTON  66 ADKINSON DRIVE PENSACULA, FL 3252  7 PRES.  100HN A. WHITTON	I for the purpose of changing its registered by accept the appointment as registered  DATE  TO OFFICERS AND DIRECTORS IN 12  XX Change Addition
Pursuant office or a agent. I a gent. I a gent	to the provisions of Section registered agent, or both, am familiar with, and accept the section of Section (Section 1997). Consider the section of Section 1997. Signature, typed or printed name of OFI  D HATHES, BUNN 3411 PINE FULL PENSACULA, FI D HUNA GILL 2645 JARADA	ons 607.0502 and 607 in the State of Florida, of the obligations of, so the obligations of t	WILLIAM D applicable (NO) ORS XX DELETE	83 84 City tes, the above-named couthorized by the corporda Statutes. CULLINS TE Registered Agent signature in 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	corporation submits this statement pration's board of directors. I here required when reinstating:  ADDITIONS/CHANGES PRESIDENT YN WHITTON 66 ADKINSON DRIVE PENSACOLA, FL 3252 7. PRES. 10410 A. WHITTON 106 ADKINSON DRIVE	I for the purpose of changing its registered by accept the appointment as registered  DATE  DATE  TO OFFICERS AND DIRECTORS IN 12  XX Change
Pursuant office or a agent. I a gent. I a gent	to the provisions of Section registered agent, or both, am familiar with, and acception of Section of Section (Signature, typed or printed name of OFI  D  HATHES, BUNN 3411 PINE FUL PENSACULA, FI D HUNA GILL	ons 607.0502 and 607 in the State of Florida, of the obligations of, so the obligations of t	VILLIAN D  Applicable (NO)  ORS  XX DELETE	83  84 City  tes, the above-named couthorized by the corporda Statutes.  CULLINS  TE Registered Agent signature in 13.  11 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  21 TITLE  22 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	corporation submits this statement pration's board of directors. There required when reinstating)  ADDITIONS/CHANGES  PRESIDENT  YN WHITTON  66 ADKINSON DRIVE  PENSACULA, FL 3252  UHN A. WHITTON  66 ADKINSON DRIVE  ENSACULA, FL 3252  URSACULA, FL 3252	TO OFFICERS AND DIRECTORS IN 12  XX Change Additio
Pursuant office or agent. I a gent.	to the provisions of Section registered agent, or both, am familiar with, and accept the section of Section (Section 1997). Consider the section of Section 1997. Signature, typed or printed name of OFI  D HATHES, BUNN 3411 PINE FULL PENSACULA, FI D HUNA GILL 2645 JARADA	ons 607.0502 and 607 in the State of Florida, of the obligations of, so the obligations of t	WILLIAM D applicable (NO) ORS XX DELETE	83  84 City  tes, the above-named c authorized by the corpo orida Statutes.  CULLINS  TE Registered Agent signature n  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	corporation submits this statement pration's board of directors. I here required when reinstating)  ADDITIONS/CHANGES PRESIDENT YN WHITTON 6 ADKINSON DRIVE PENSACULA, FL 3252 PRES. JUHN A. WHITTON 6 ADKINSON DRIVE ENSACOLA, FL 3252 IRECTOR ILLIAM D. COLLINS 601 PEARSON ROAD	TO OFFICERS AND DIRECTORS IN 12  XX Change Additio
Pursuant office or agent. I a gent.	to the provisions of Section registered agent, or both, am familiar with, and accept the section of Section (Section 1997). Consider the section of Section 1997. Signature, typed or printed name of OFI  D HATHES, BUNN 3411 PINE FULL PENSACULA, FI D HUNA GILL 2645 JARADA	ons 607.0502 and 607 in the State of Florida, of the obligations of, so the obligations of t	WILLIAM D applicable (NO) ORS XX DELETE	83  84 City  tes, the above-named c authorized by the corpo orida Statutes.  CULLINS  TE Registered Agent signature n  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	corporation submits this statement oration's board of directors. I here required when reinstating)  ADDITIONS/CHANGES  PRESIDENT  YN WHITTON  6 ADKINSON DRIVE  PENSACULA, FL 3252  UHN A. WHITTON  6 ADKINSON DRIVE  ENSACOLA, FL 3252  UHN A. WHITTON  6 ADKINSON DRIVE  ENSACOLA, FL 3252  IRECTOR	TO OFFICERS AND DIRECTORS IN 12  XX Change Additio
Pursuant office or r agent. I a GNATURE  E EET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	to the provisions of Section registered agent, or both, am familiar with, and accept the section of Section (Section 1997). Consider the section of Section 1997. Signature, typed or printed name of OFI  D HATHES, BUNN 3411 PINE FULL PENSACULA, FI D HUNA GILL 2645 JARADA	ons 607.0502 and 607 in the State of Florida, of the obligations of, so the obligations of t	VILLIAN D  Applicable (NO)  ORS  XX DELETE  XX DELETE	83  84 City  tes, the above-named couthorized by the corporda Statutes.  CULLINS  TE Registered Agent signature in 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	corporation submits this statement pration's board of directors. I here required when reinstating)  ADDITIONS/CHANGES  PRESIDENT YN WHITTON 66 ADKINSON DRIVE PENSACOLA, FL 3252 7. PRES. 10400 A. WHITTON 166 ADKINSON DRIVE PENSACOLA, FL 3252 10400 A. WHITTON 167 ADKINSON DRIVE 168 ADKINSON DRIVE 169 ADKINSON DRIVE 169 ADKINSON DRIVE 160 ADKINSON COLLINS 160 ADKINSON ROAD	I for the purpose of changing its registered by accept the appointment as registered by accept the acceptance of the appointment as registered by acceptance and acceptance and acceptance acceptance and acceptance acceptance and acceptance acceptance acceptance acceptance and acceptance ac
Pursuant office or ragent. I a GNATURE  E  E  E  E  E  E  E  E  E  E  E  E	to the provisions of Section registered agent, or both, am familiar with, and accept the section of Section (Section 1997). Consider the section of Section 1997. Signature, typed or printed name of OFI  D HATHES, BUNN 3411 PINE FULL PENSACULA, FI D HUNA GILL 2645 JARADA	ons 607.0502 and 607 in the State of Florida, of the obligations of, so the obligations of t	NILLIAN D  IMPORIBATION  ORS  IXX DELETE  DELETE  DELETE	83 84 City tes, the above-named couthorized by the corporda Statutes. CULLINS TE Registered Agent signature in 13. 13 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	corporation submits this statement pration's board of directors. I here pration's board of directors. I here provided when reinstating)  ADDITIONS/CHANGES  PRESIDENT YN WHITTON OF ADKINSON DRIVE PENSACOLA, FL 3252 V.PRES. OWHN A. WHITTON OF ADKINSON DRIVE PENSACOLA, FL 3252 VIRECTOR VILLIAM D. COLLINS OF ADKINSON ROAD VILLIAM D. COLLINS	FL 85 Zip Code  I for the purpose of changing its registered by accept the appointment as registered by accept the appointment as registered  TO OFFICERS AND DIRECTORS IN 12  XX Change Addition  Change Addition  Change Addition  Change Addition  11987456 Addition
Pursuant office or ragent. I a GNATURE  E  E  E  E  E  E  E  E  E  E  E  E	to the provisions of Section registered agent, or both, am familiar with, and accept the section of Section (Section 1997). Consider the section of Section 1997. Signature, typed or printed name of OFI  D HATHES, BUNN 3411 PINE FULL PENSACULA, FI D HUNA GILL 2645 JARADA	ons 607.0502 and 607 in the State of Florida, of the obligations of, so the obligations of t	VILLIAN D  Applicable (NO)  ORS  XX DELETE  XX DELETE	83  84 City  tes, the above-named c authorized by the corpo orida Statutes.  CULLINS  TE Registered Agent signature n  13.  11 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS	corporation submits this statement pration's board of directors. I here pration's board of directors. I here provided when reinstating)  ADDITIONS/CHANGES  PRESIDENT YN WHITTON OF ADKINSON DRIVE PENSACOLA, FL 3252 V.PRES. OWHN A. WHITTON OF ADKINSON DRIVE PENSACOLA, FL 3252 VIRECTOR VILLIAM D. COLLINS OF ADKINSON ROAD VILLIAM D. COLLINS	FL 85 Zip Code  I for the purpose of changing its registered by accept the appointment as registered by accept the appointment as registered  TO OFFICERS AND DIRECTORS IN 12  XX Change Addition  Change Addition  Change Addition  Change Addition  11987456 Addition
Pursuant office or r agent. I a GNATURE  E EET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP  TT ADDRESS	to the provisions of Section registered agent, or both, am familiar with, and accept the section of Section (Section 1997). Consider the section of Section 1997. Signature, typed or printed name of OFI  D HATHES, BUNN 3411 PINE FULL PENSACULA, FI D HUNA GILL 2645 JARADA	ons 607.0502 and 607 in the State of Florida, of the obligations of, so the obligations of t	NILLIAN D  IMPORIBATION  ORS  IXX DELETE  DELETE  DELETE	83  84 City  tes, the above-named couthorized by the corporda Statutes.  CULLINS  TE Registered Agent signature in 13.  11 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.5 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	corporation submits this statement pration's board of directors. I here pration's board of directors. I here provided when reinstating)  ADDITIONS/CHANGES  PRESIDENT YN WHITTON OF ADKINSON DRIVE PENSACOLA, FL 3252 V.PRES. OWHN A. WHITTON OF ADKINSON DRIVE PENSACOLA, FL 3252 VIRECTOR VILLIAM D. COLLINS OF ADKINSON ROAD VILLIAM D. COLLINS	FL 85 Zip Code  I for the purpose of changing its registered by accept the appointment as registered by accept the appointment as registered  TO OFFICERS AND DIRECTORS IN 12  XX Change Addition  Change Addition  Change Addition  Change Addition  11987456 Addition
Pursuant office or agent. I address st-zip  It address st-zip  It address st-zip	to the provisions of Section registered agent, or both, am familiar with, and accept the section of Section (Section 1997). Consider the section of Section 1997. Signature, typed or printed name of OFI  D HATHES, BUNN 3411 PINE FULL PENSACULA, FI D HUNA GILL 2645 JARADA	ons 607.0502 and 607 in the State of Florida, of the obligations of, so the obligations of t	NILLIAN D  IMPORIBATION  ORS  IXX DELETE  DELETE  DELETE	83  84 City  tes, the above-named couthorized by the corporda Statutes.  CULLINS  TE Registered Agent signature in 13.  13 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	corporation submits this statement pration's board of directors. I here pration's board of directors. I here provided when reinstating)  ADDITIONS/CHANGES  PRESIDENT YN WHITTON OF ADKINSON DRIVE PENSACOLA, FL 3252 V.PRES. OWHN A. WHITTON OF ADKINSON DRIVE PENSACOLA, FL 3252 VIRECTOR VILLIAM D. COLLINS OF ADKINSON ROAD VILLIAM D. COLLINS	FL 85 Zip Code  I for the purpose of changing its registered by accept the appointment as registered  DATE  TO OFFICERS AND DIRECTORS IN 12  XX Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Change Addition  XX Change Addition  Change Addition  Change Addition  XX Change Addition  Change Addition  Change Addition
Pursuant office or agent. La	to the provisions of Section registered agent, or both, am familiar with, and accept the section of Section (Section 1997). Consider the section of Section 1997. Signature, typed or printed name of OFI  D HATHES, BUNN 3411 PINE FULL PENSACULA, FI D HUNA GILL 2645 JARADA	ons 607.0502 and 607 in the State of Florida, of the obligations of, so the obligations of t	NILLIAN D  INDICATE  ORS  IXX DELETE  DELETE  DELETE  DELETE	83  84 City  tes, the above-named counthorized by the corporda Statutes.  CULLINS  TE Registered Agent signature in 13.  11 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME	corporation submits this statement pration's board of directors. I here pration's board of directors. I here provided when reinstating)  ADDITIONS/CHANGES  PRESIDENT YN WHITTON OF ADKINSON DRIVE PENSACOLA, FL 3252 V.PRES. OWHN A. WHITTON OF ADKINSON DRIVE PENSACOLA, FL 3252 VIRECTOR VILLIAM D. COLLINS OF ADKINSON ROAD VILLIAM D. COLLINS	FL 85 Zip Code  I for the purpose of changing its registered by accept the appointment as registered by accept the appointment as registered    DATE
Pursuant office or agent. I a GNATURE  GNATURE  EET ADDRESS (-ST-ZIP)  EET ADDRESS -ST-ZIP  E ET ADDRESS ST-ZIP  IT ADDRESS ST-ZIP	to the provisions of Section registered agent, or both, am familiar with, and acception of Section (Signature, lyped or printed name of OFI  D HATHES, BUNN 3411 PINE FULL PENSACULA, FULL 2645 JARADA APENSACULA, FULL 265 JARADA APENSACULA, FULL 265 JARADA APENSACULA, FULL 265 J	ons 607.0502 and 607 in the State of Florida.  In the State of Florida.  It registered agent and time if a FICERS AND DIRECT  REST RUAD  1. 32533  AVENUE  2. 32526	NILLIAN D  IMPOISS  IN DELETE  IN DELETE  DELETE  DELETE  DELETE  DELETE	83 84 City tes, the above-named couthorized by the corporda Statutes. CULLINS TE Registered Agent signature in 13. 13 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	corporation submits this statement oration's board of directors. I here applied when reinstating?  ADDITIONS/CHANGES  PRESIDENT  YN WHITTON  66 ADKINSON DRIVE  PENSACOLA, FL 3252  V. PRES.  1000 A. WHITTON  66 ADKINSON DRIVE  PENSACOLA, FL 3252  IRECTOR  ILLIAM D. COLLINS  601 PEARSON ROAD  ILTON, FL 32583  EDITION  -10	FL 85 Zip Code  I for the purpose of changing its registered by accept the appointment as registered by accept the appointment as registered    DATE