

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 # **P93000044185 (5)**

1. Corporation Name

HLJ OF PENSACOLA, INC.



Principal Place of Business

**4336 BURTONWOOD DRIVE
PENSACOLA FL 32514**

Mailing Address

**4336 BURTONWOOD DRIVE
PENSACOLA FL 32514**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

**JOHNS, JOSEPH L
4336 BURTONWOOD DRIVE
PENSACOLA FL 32514**

3. Date Incorporated or Qualified

06/15/1993

3a. Date of Last Report

04/21/1995

4. FEI Number

59-3187142

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 of corporation or registered agent and the applicable

(Signature of Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. D
NAME: **JOHNS, JOSEPH L**
STREET ADDRESS: **4336 BURTONWOOD DRIVE**
CITY, ST, ZIP: **PENSACOLA FL 32514**
2. ☐ DELETE
3. ☐ DELETE
4. ☐ DELETE
5. ☐ DELETE
6. ☐ DELETE
7. ☐ DELETE
8. ☐ DELETE
9. ☐ DELETE
10. ☐ DELETE
11. ☐ DELETE
12. ☐ DELETE
13. ☐ DELETE
14. ☐ DELETE
15. ☐ DELETE
16. ☐ DELETE
17. ☐ DELETE
18. ☐ DELETE
19. ☐ DELETE
20. ☐ DELETE
21. ☐ DELETE
22. ☐ DELETE
23. ☐ DELETE
24. ☐ DELETE
25. ☐ DELETE
26. ☐ DELETE
27. ☐ DELETE
28. ☐ DELETE
29. ☐ DELETE
30. ☐ DELETE
31. ☐ DELETE
32. ☐ DELETE
33. ☐ DELETE
34. ☐ DELETE
35. ☐ DELETE
36. ☐ DELETE
37. ☐ DELETE
38. ☐ DELETE
39. ☐ DELETE
40. ☐ DELETE
41. ☐ DELETE
42. ☐ DELETE
43. ☐ DELETE
44. ☐ DELETE
45. ☐ DELETE
46. ☐ DELETE
47. ☐ DELETE
48. ☐ DELETE
49. ☐ DELETE
50. ☐ DELETE
51. ☐ DELETE
52. ☐ DELETE
53. ☐ DELETE
54. ☐ DELETE
55. ☐ DELETE
56. ☐ DELETE
57. ☐ DELETE
58. ☐ DELETE
59. ☐ DELETE
60. ☐ DELETE
61. ☐ DELETE
62. ☐ DELETE
63. ☐ DELETE
64. ☐ DELETE
65. ☐ DELETE
66. ☐ DELETE
67. ☐ DELETE
68. ☐ DELETE
69. ☐ DELETE
70. ☐ DELETE
71. ☐ DELETE
72. ☐ DELETE
73. ☐ DELETE
74. ☐ DELETE
75. ☐ DELETE
76. ☐ DELETE
77. ☐ DELETE
78. ☐ DELETE
79. ☐ DELETE
80. ☐ DELETE
81. ☐ DELETE
82. ☐ DELETE
83. ☐ DELETE
84. ☐ DELETE
85. ☐ DELETE
86. ☐ DELETE
87. ☐ DELETE
88. ☐ DELETE
89. ☐ DELETE
90. ☐ DELETE
91. ☐ DELETE
92. ☐ DELETE
93. ☐ DELETE
94. ☐ DELETE
95. ☐ DELETE
96. ☐ DELETE
97. ☐ DELETE
98. ☐ DELETE
99. ☐ DELETE
100. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2. 2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3. 3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4. 4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5. 5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6. 6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I, the undersigned, 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 Back 12 or Back 13 if changed, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)