FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000065017 (4)**

1. Corporation Name
TECHEM OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
698 E. HEINBERG ST STE. 103 PENSACOLA FL 32501 US	698 E. HEINBERG ST STE. 103 PENSACOLA FL 32501 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/17/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3201360 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COOKE, ROBERT F 200 E. GOVERNMENT STREET STE. 140 PENSACOLA FL 32501	81 Name: JOHN M. CROAKE 82 Street Address (P.O. Box Number is Not Acceptable): 6510 CHARDONNAY 83 84 City: PENSACOLA FL 85 Zip Code: 32504

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: JOHN M. CROAKE — J. M. Croake — 4-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☒ Change ☐ Addition
NAME	COOKE, ROBERT F	1.2 NAME		
STREET ADDRESS	2101 SCENIC HWY, J-204	1.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	P/T/S/D	☒ Change ☐ Addition
NAME	CROAKE, JOHN M.	2.2 NAME		
STREET ADDRESS	6510 CHARDONNAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	V/D	☐ Change ☒ Addition
NAME		3.2 NAME	ALICE J. CROAKE	
STREET ADDRESS		3.3 STREET ADDRESS	6510 CHARDONNAY	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: J. M. Croake — 4-27-95 — 904-432-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN M. CROAKE

038416 CP