

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000079248 (9)

1. Corporation Name

PROVINCE ONE, INC.



Principal Place of Business

600 S. BARRACKS ST.
SUITE 202
PENSACOLA FL 32501

Mailing Address

600 S. BARRACKS ST.
SUITE 202
PENSACOLA FL 32501

2. Principal Place of Business

21 600 S. Barracks St.
Suite, Apt. #, etc.

22 201-8
City & State

23 Pensacola, FL
Zip

24 32501

Country

25 USA

2a. Mailing Address

26 600 S. Barracks St.
Suite, Apt. #, etc.

27 201-8
City & State

28 Pensacola, FL
Zip

29 32501

Country

30 U.S.A

9. Name and Address of Current Registered Agent

WILLIAMS, PHILLIP D
600 S. BARRACKS ST.
SUITE 202
PENSACOLA FL 32501

3. Date Incorporated or Qualified

11/17/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3211476

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

NAME

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

NAME

83

SUITE 201-8

84 City

SAME

FL

85

Zip Code

SAME

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 typed or printed name of registered agent (Block 9) and the corporation

(Block 10) Registered Agent Signature required when registered agent

(Block 11)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PTS
WILLIAMS, PHILLIP D
600 S. BARRACKS ST., SUITE 202
PENSACOLA FL 32501

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V
HUTCHENSON, DAVID W
600 S. BARRACKS ST., SUITE 202
PENSACOLA FL 32501

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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)(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 Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip D. Williams
President

1/15/96 (904)
469-1976
Date of Filing #

CR2E034 (12/95)