

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

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000079248 (9)

1. Corporation Name  
PROVINCE ONE, INC.



Principal Place of Business

~~600 S BARRACKS STREET  
SUITE 201-B  
PENSACOLA FL 32501  
US~~

Mailing Address

~~600 S BARRACKS STREET  
SUITE 201-B  
PENSACOLA FL 32501  
US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 ~~605 Boardwalk Drive~~

Suite, Apt. #, etc.  
22 ~~Ste. 336~~

City & State  
23 ~~Ponte Vedra Beach, FL~~

Zip Country  
24 ~~32082~~ 25 ~~U.S.A.~~

2a. Mailing Address

26 ~~P.O. Box 2411~~

Suite, Apt. #, etc.  
27 ~~-~~

City & State  
28 ~~Ponte Vedra Beach, FL~~

Zip Country  
29 ~~32004-2411~~ 30 ~~U.S.A.~~

3. Date Incorporated or Qualified

11/17/1993

4. FEI Number

59-3211476

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, PHILLIP D  
~~600 S. BARRACKS ST.  
SUITE 201-B  
PENSACOLA FL 32501~~

10. Name and Address of New Registered Agent

81 Name ~~Name~~  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 ~~605 Boardwalk Dr.~~  
84 ~~Ste. 336~~  
85 City ~~Ponte Vedra Beach~~ FL 86 Zip Code ~~32082~~

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]*  
Signature, typewritten name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/13/98

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTS  
WILLIAMS, PHILLIP D  
~~600 S. BARRACKS ST., SUITE 202  
PENSACOLA FL 32501~~

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
~~HUTCHENSON, DAVID W-~~  
~~600 S. BARRACKS ST., SUITE 202~~  
~~PENSACOLA FL 32501~~

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Phillip D. Williams  
605 Boardwalk Dr. Ste. 336  
Ponte Vedra Beach, FL 32082

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

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

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

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

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

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, or on an attachment with an address.

SIGNATURE *[Signature]* 1/13/98 1147290-4696

CR2E034 (10/97)