

MAY 1ST IS \$550.00

FILED

Feb 03, 1999 8:00am
Secretary of State

02-03-1999 90001 017 ***150.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000019444

1. Corporation Name

BEAR FLATS LAND COMPANY



600 DPI
Resolution Enhancement

Principal Place of Business

600 S BARRACKS ST.
SUITE 210
PENSACOLA FL 32501
US

Mailing Address

P.O. DRAWER 12884
PENSACOLA FL 32574-2684
US

DO NOT WRITE IN THESE AREAS

Scalable Fonts

3. Date Incorporation

03/11/1994

4. FEI Number

593240475

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

PCL 6

MEt
Memory Enhancement
technology
2 MBytes

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

5. Certificate of Status Desired

6. Election Campaign Financing

7. Trust Fund Contribution

8. This corporation owes the current year intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALFORD, DOUG

600 S BARRACKS ST.

SUITE 210

PENSACOLA FL 32501

81 Name

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

83 City

84 State

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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46. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing does not qualify for exemption provided in Section 119.07(3)(b) 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (1/199)

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