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FILED
Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000023985 (2)

1. Corporation Name
FOCO OF FLORIDA, INC.



Principal Place of Business

31 W. GARDEN ST.
SUITE 101
PENSACOLA FL 32501
US

Mailing Address

PO BOX 12358
809 MAR WALT DRIVE, SUITE 1014
PENSACOLA FL 32582-2358
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WALTON, GARRETT W.
31 WEST GARDEN STREET
SUITE 101
PENSACOLA FL 32501

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

03/25/1994

3a. Date of Last Report

06/06/1996

4. FEI Number

59-3284300

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

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 and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE
NAME FOSTER, CLIFFORD
STREET ADDRESS 3800 AIRPORT BLVD., STE 102
CITY-ST-ZIP MOBILE AL

TITLE DV ☐ DELETE
NAME FOSTER, MATHEWS LYNNE
STREET ADDRESS 909 MAR WALT DRIVE, STE 1014
CITY-ST-ZIP FT WALTON BEACH FL

TITLE D ☐ DELETE
NAME BAKER, RICHARD R.
STREET ADDRESS 31 W. GARDEN STREET, SUITE 101
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME COTTON, CYNTHIA B.
STREET ADDRESS 31 W. GARDEN STREET
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE
NAME WALTON, GARRETT W.
STREET ADDRESS 31 W. GARDEN STREET, SUITE 101
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I do 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]

Garrett W. Walton 2-4-97

904-434-5330

CR2E034 (9/96)