

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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION**

**95 MAY 26 AM 9:40**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mathan Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P94000055564 (6)**  
 1. Corporation Name  
**TALGATORS, INC.**

Principal Place of Business <b>9333 PINE FOREST ROAD PENSACOLA FL 32534</b>	Mailing Address <b>9333 PINE FOREST ROAD PENSACOLA FL 32534</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/25/1994</b>		3a. Date of Last Report <b>N/A</b>	
4. FEI Number <b>59-3267239</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business <b>21</b>				2a. Mailing Address <b>26</b>				4. FEI Number <b>59-3267239</b>			
Suite, Apt. #, etc. <b>22</b>				Suite, Apt. #, etc. <b>27</b>				5. Certificate of Status Desired <input type="checkbox"/>			
City & State <b>23</b>				City & State <b>28</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			
Zip <b>24</b>		Country <b>25</b>		Zip <b>29</b>		Country <b>30</b>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**O'DANIEL, MICHAEL S JR  
 9333 PINE FOREST ROAD  
 PENSACOLA FL 32534**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>Christopher Todd Bearden</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>2765 Bayview Way</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>Pensacola, Florida 32505</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this form, or in any attachment with an address.

SIGNATURE: Michael S. O'Daniel Jr **3/15/95** **(904)476-5533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)