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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000057743 (4)

Principal Place of Business	Mailing Address		
106 S PALAFOX ST PENSACOLA FL 32501	106 S PALAFOX ST PENSACOLA FL 32501		

FILED Apr 21 1998 8:00am Secretary of State

Principal Plac 106 S PALAF PENSACOLA	FL 32501 Nace of Business #, etc.	Mailing Address 106 S PALAFOX ST PENSACOLA FL 32501 26. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28			DO NOT WRITE IN THE 3. Date Incorporated or Qualified 08/04/1994 4. FEI Number 59-3270743 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	
Zip	Country	Zip	Count	у	8. This corporation owes or has paid the	current year Intangible
24	25	[29]	30		Personal Property Tax due June 30.	Yes No
ANI	 Name and Address of Currer DERSON, DONNA W 	n negistered Agent	81	I Name	10. Name and Address of New Register	ad Agent
	B S PALAFOX ST					
	NSACOLA FL 32501		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
			83	3		
			84	City		85 Zip Code
			Į] ' '	F	·IL
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607,1508, Florida Statu ⊧ of Horida, Such change was	utes, the above authorized to	ve-named corp iy the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered appointment as registered
agent ia	m familiar with, and accept the oblig	intions of, Section 607.0505, F	lorida Statute	s.	, ,	1
SIGNATURE	Signature typed or printed in sear of registered age	ent and blic it apps able (No	Hemistered Ar	ucni sionature requi	ired which reinstating) DATE	
12.	 	ID DIRECTORS	13.	por a granda	ADDITIONS/CHANGES TO OFFICERS A	IN
TITLE	PD	DELETE	1.1 Tille			☐ Change ☐ Addition
NAME	ANDERSON, DONNA W		1.2 NAME			
STREET ADDRESS	106 S PALAFOX ST		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 36532		1.4 CITY-	S1-ZIP		j
TITLE	VP	DELETE	2.1 TITLE			Change Addition
NAME	ANDERSON, GERALD		22 NAME	ļ		
STREET ADDRESS	106 S PALAFOX ST PENSACOLA FL 32501		2.3 STAFE	T AUDRESS		
CITY-ST-ZIP	PENSACODA PL 32901	Theorem	2 4 CITY-	SI-7IP		
TITLE		DELETE	31 THILF			L Change L Addition
NAME Street Address			3.2 NAME	Libbotes		1
				1 ADDRESS		
CITY-ST-ZIP		DELETE	4.1 TO LE	S1-ZIP		Change Addition
NAME		[4.1 TOLE			L Change Audition
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			5.4 CITY - :	i		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP	**************************************		6.4 CITY - 1	S1 - Z(P		

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 suppliemental 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or from attachment with an aodress.