

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 16 AM 10:32

**DOCUMENT # P94000069358 (7)**

1. Corporation Name

**EVERITT, BORN AND ASSOCIATES, INC.**

Principal Place of Business: **116 EAST GONZALEZ PENSACOLA FL 32524-0066**  
Mailing Address: **P O BOX 10066 PENSACOLA FL 32524-0066**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/20/1994</b>   | 3a. Date of Last Report                                |
| 4. FEI Number<br><b>59-3269932</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 24. Zip                        | 25. Country             |
| 29. Zip                        | 30. Country             |

|   |  |  |                        |
|---|--|--|------------------------|
| 9. Name and Address of Current Registered Agent                     |  | 10. Name and Address of New Registered Agent           |                        |
| <b>BORN, JOHN O<br/>1434 BAHIA DRIVE<br/>NAVARRE BEACH FL 32568</b> |  | B1. Name   |                        |
|   |  | B2. Street Address (P.O. Box Number is Not Acceptable) |                        |
|   |  | B3.  |                        |
|   |  | B4. City   | <b>FL</b> B5. 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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title, if applicable. (Do not) Registered Agent signature required when reappointing. DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------|---|--|
| TITLE                      | NAME           | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS             | STREET ADDRESS | 1.2 NAME  | <b>P THOMAS A. EVERITT</b>   |
| CITY ST ZIP                | CITY ST ZIP    | 1.3 STREET ADDRESS                                    | <b>6813 WHITEOAK</b>   |
|                            |                | 1.4 CITY ST ZIP                                       | <b>PENSACOLA, FL 32501</b>   |
| TITLE                      | NAME           | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS             | STREET ADDRESS | 2.2 NAME  | <b>VP JOHN O. BORN</b>   |
| CITY ST ZIP                | CITY ST ZIP    | 2.3 STREET ADDRESS                                    | <b>1434 BAHIA DRIVE</b>  |
|                            |                | 2.4 CITY ST ZIP                                       | <b>NAVARRE BEACH, FL 32566</b>   |
| TITLE                      | NAME           | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS             | STREET ADDRESS | 3.2 NAME  | <b>T/S HOLLY BALDWIN</b>   |
| CITY ST ZIP                | CITY ST ZIP    | 3.3 STREET ADDRESS                                    | <b>10190 VIXEN PLACE</b>   |
|                            |                | 3.4 CITY ST ZIP                                       | <b>PENSACOLA, FL 32514</b>   |
| TITLE                      | NAME           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             | STREET ADDRESS | 4.2 NAME  |  |
| CITY ST ZIP                | CITY ST ZIP    | 4.3 STREET ADDRESS                                    |  |
|                            |                | 4.4 CITY ST ZIP                                       |  |
| TITLE                      | NAME           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             | STREET ADDRESS | 5.2 NAME  |  |
| CITY ST ZIP                | CITY ST ZIP    | 5.3 STREET ADDRESS                                    |  |
|                            |                | 5.4 CITY ST ZIP                                       |  |
| TITLE                      | NAME           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             | STREET ADDRESS | 6.2 NAME  |  |
| CITY ST ZIP                | CITY ST ZIP    | 6.3 STREET ADDRESS                                    |  |
|                            |                | 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 110.07(3)(b), Florida Statutes. I further certify that the information presented 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: Holly Baldwin **HOLLY BALDWIN** 6/12/95 904-433-3367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Day/Mo/Yr)

CR2E034 (3/95)