FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90124 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400076138 1. Corporation Name

GUAHDI/	AN HEALTY OF PENSAC	OLA, ING	•		*				
						_[[[[[[[[[[[[[[[[[[[fi (6 #11 60 111 1 60)		
Principal Place			lling Address						
701 N NAVY BL	.VD		N NAVY BLVD						
STE 1 STE PENSACOLA FL 32507 PENSACOLA FL 32507					DO NOT WRIT	E IN THIS S	PACE		
US US					3. Date Incorporated or Qualifed				
				•		- 10/14/1994			`
2. Principal P	lace of Business	2a.	Mailing Address			4. FEI Number		Ap	plied For
21		26				59- 3278 <u>5</u> 70		No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27				3. Certificate of Status Desired		Fee Re	quired
City & Stat	e		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28		·		Trust Fund Contribution		Added t	o Fees
Zip	Country		Zip	Country		8. This corporation owes the curre		-	
24	25	29		30		Personal Property Tax.		☐ Yes	No
	9. Name and Address of Cu	urrent Registe	ered Agent	04	Name	10. Name and Address of New R	egistered Aç	jent	
HERRING, BRENDA G					inda G. Herrina			i	
8711 AILEEN DR.				82	Street Addy	ess (P.O. Box Number is Not Accept	ple)		
PENSACOLA FL 32507				00	210	06 Glainger F	ne,		
. =,,,	o,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			83					ĺ
				84	City Co	sacola.	FL	85 Zip C	Code
11 Purcuant	to the provisions of Sections 607	7 0502 and 60	7 1508 Florida Statu	tes the shove	,	pration submits this statement for the		nanging its	registered
office or r	registered agent, or both, in the S m familiar with, and accept the o	State of Florida	a. Such change was a	authorized by t	he corporatio	n's board of directors. I hereby accep	t the appointr	nent as re	gistered
SIGNATURE									
	Signature, typed or printed name of registere			E: Registered Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE AND	DIRECTO	DC IN 12
12.	PD	S AND DIREC	DELETE	13.		'''''''''''''''''''''''''''''''''''''		Change	☐ Addition
TITLE	HERRING, BRENDA G		7 DECE 15	1.2 NAME	Ŕ	renda Gitterring 106 Grainger An ensacolg, FZ 32	,	Commige	
NAME	8711 AILEEN DR.					2016 Grainger A	رم		
STREET ADDRESS	PENSACOLA FL 32507		•	1.3 STREET	AUDRESS 2	22	7 7		1
CITY-ST-ZIP	SD SD		☐ DELETE	1.4 CITY-ST-	ZIP	neacity, re se		Change	Addition
TITLE	HERRING, TRACY V		C DELETE	2.1 TITLE	J	nacy Vi Herrins note Grains er h	١.	Cualide	L Addition
NAME	8711 AILEEN DR.			2.2 NAME		and and income	We?		ſ
STREET ADDRESS	PENSACOLA FL 32507			2.3 STREET	ADDRESS 2	700 619115	اهسم م	7	
CITY-ST-ZIP	PENOACOLA PL 32301		☐ DELETE	2. 4 CITY-ST	· ZIP	ensacola, FL	<u> </u>	 ☐ Change	Addition
TITLE			C DECENT				·		
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ľ				}
CITY-ST-ZIP			☐ DELETE	3.4, CITY-ST 4.1 TITLE	-ZIP			Change	Addition
TITLE			בן ספנבוני	•			,		C) Addition
NAME				4. 2 NAME					ĺ
STREET ADDRESS				4.3 STREET					ļ
CITY-ST-ZIP			☐ DELETE	4.4 CITY-ST-	- ZIP			☐ Change	Addition
TITLE			C DELLIS	5.1 TITLE 5.2 NAME			í	change	(*) (400mg))
NAME				5.3 STREET	ADORESS				
STREET ADDRESS				5,4 CITY-ST-	i i				}
CITY-ST-ZIP			DELETE	6.1 TITLE	-41-			Change	☐ Addition
TITLE			□ pere i¢	8.2 NAME			ı	cuande	
NAME :					ATADEGO				ſ
STREET ADDRESS				6.3 STREET	- COUNTRY				ţ

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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

850-458-5848