


**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90075 032 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000013575**

1. Corporation Name

**FIVE FLAGS BUILDING CONTRACTORS, INC.**

Principal Place of Business

400 9 1/2 RD.  
PENSACOLA FL 32534

Mailing Address

PO BOX 10335  
PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1995

4. FEI Number

59-3424966

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

28 Suite, Apt. #, etc.

27 City &amp; State

29 Zip

Country

9. Name and Address of Current Registered Agent

HEATH, ROBERT N JR  
4300 BAYOU BLVD., #7  
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name	Ray P. Pope
82 Street Address (P.O. Box Number is Not Acceptable)	4400 Bayou Blvd.
83	Ste. 54B
84 City	Pensacola
85 Zip Code	FL 32503

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

*Ray P. Pope*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

22 March 1999  
 DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FITZGERALD, TERRY J	
STREET ADDRESS	400 9 1/2 RD.	
CITY-ST-ZIP	PENSACOLA FL 32534	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> 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 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.

SIGNATURE:

*Terry J. Fitzgerald*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: April 13 1999  
 Daytime Phone #: 850-477-2456

CR25034 (1/1/98)