SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000045394 (0)

THEODORE W. SOULE, P.A.											
Principal Place of Business Mailing Address							-			E HOURE ENDINGE	
316 S BAYLEN ST SUITE 580 PENSACOLA FL 32501		SUITE 560	316 S BAYLEN ST SUITE 560 PENSACOLA FL 32501			3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1995					
2 Principal Pir	ace of Business	2a. Mailing	Addross		_		4. FEI Number	1	T	Applied For	
21 Philopai Fi	ace or prizings?	26 Watning	Address				59-3322209		-	Not Applicable	
Suite, Apt #	•, etc		\pt #, etc				_		\$8.7	5 Additional	
2		27					5. Certificate of Status Desired			Required	
City & State	!	City &	State				6. Election Campaign Financing	<u></u>	\$5.	00 May Be	
3		28					Trust Fund Contribution	<u> </u>		led to Fees	
Ζιρ 	Country	Zip		Cour	try		8. This corporation has liability for			er s. 199 032,	
4	25 9. Name and Address of Curre	[29]		30			10. Name and Address of New Re	Yes	No		
316 SUF	JLE, THEODORE W S BAYLEN ST TE 560 ISACOLA FL 32501					Street Addre	ss (P.O. Box Number is Not Acceptable)				
				7	B4	City		EI	85	Zip Code	
office or re agent I an SIGNATURE.	gistered agent, or both, in the State in familiar with land accept the oblig signature type for presenting metage.	of Florida, Such ations of, Section	change was a 607.0505, Flo	authorized I onda Statel	oy t es	named corporation	ration submits this statement for the prins board of directors. I hereby accept if when resistant). ADDITIONS/CHANGES TO OFFICE.	the appoil	ntment a	as registered	
TITLE	D	ID DINE CIONS	DELETE	11 111			ADDITIONS/CHANGES TO OFFIC	ENS AND	Char	· - · · · · · · · · · · · · · · · · · ·	
NAME	SOULE, THEODORE W			1 2 NAF						, <u> </u>	
STREET ADDRESS	6501 EL PRESIDEO			13316	EET.	ADORESS					
CITY-ST-ZIP	PENSACOLA FL 32504			1.4 CIT	Y - S1	I - ZIP					
TITLE			DELETE	2 1 1 [F				Char	ige Addition	
NAME				2.2 NAI	Αŧ						
STREET ADDRESS				2351	£81.	ADDRESS					
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NAME STREET ADDRESS				32 NA		ADORESS					
CITY-ST-ZIP				34 00		ŀ					
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NAME				4 2 NA	Mī	1					
STREET ADDRESS				4351	EET	ADDRESS					
CITY-ST-ZIP				4.4 CH	Y - S	T - ZIP					
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NAME				5 2 NAI							
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TITLE NAME		Ĺ	→ DELETE	6 1 TIT				L		igo 🔲 Muditedili	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6401							
14. I do hereb				urn-shed ar	id c	does not qualif	fy for the exemption stated in Section				
further cer made und that my na	rtify that the information indicated or der oath, that I am an officer or direc ame appears in Block 12 or Block 13	sthis annual repo for of the corpora if changed, or o	ort or supplem or the rec of an attachane	ental annu seiver or tru nt with an a	al re iste idd	eport is true ar e empowered Iress	nd accurate and that my signature sha to execute this report as required by t	III have the Chapter 61	same le 7, Floric	egal effect as if ia Statutes, and	

SIGNATURE:

ED OR PRINTED NAMBOF SIGNING OFFICER OR DIRECTOR

August 1, 1996 (904) 436-7547