2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Mar 22, 2002 8:00 am § Secretary of State P95000048388 DOCUMENT # 1. Entity Name 03-22-2002 90050 022 ***150.00 WHIBBS, WHIBBS & JOHNSON, P.A. Principal Place of Business Mailing Address 105 EAST GREGORY SOUARE 105 EAST GREGORY SQUARE PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3326473 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHIBBS, VINCENT J JR. Street Address (P.O. Box Number is Not Acceptable) 105 EAST GREGORY SQUARE PENSACOLA FL 32501 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition WHIBBS, VINCENT J JR. NAME NAME 105 EAST GREGORY SQUARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME WHIBBS, SUZANNE N STREET ADDRESS 105 EAST GREGORY SQUARE STREET ADDRESS CITY-ST-7IP PENSACOLA FL 32501 CITY-ST-ZIP ☐ Delete TITLE _ Change Addition NAME WHIBBS, J. DONOVAN NAME STREET ADDRESS 105 EAST GREGORY SQUARE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME Johnson Christopheiz R. 105 East Gracey Schane Pensacola, Fl. 32501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental report is the 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 truster among were at the second as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other legal proportion.

FILED