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Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT #   P95000062004 (3)
1. Corporation Name
MASTERGUARD OF NORTHWEST FLORIDA INC.

Principal Place of Business	Mailing Address
320 W GOVERNMENT PENSACOLA FL 32501 US	P.O. BOX 881 PENSACOLA FL 32594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-3334363**	Applied For / Not Applicable
21 221 E. GARDEN ST	26		
Suite, Apt. #, etc. 22 #6-W	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 PENSACOLA, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 32501	Country 25 USA	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAISDEN, ROBERT 208 NORWICH GULF BREEZE FL 32561	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 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.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **BAISDEN, ROBERT**		1.2 NAME	
STREET ADDRESS **208 NORWICH**		1.3 STREET ADDRESS	
CITY-ST-ZIP **GULF BREEZE FL 32561**		1.4 CITY-ST-ZIP	
TITLE **VP** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **BAISDEN, STEPHANIE**		2.2 NAME	
STREET ADDRESS **208 NORWICH**		2.3 STREET ADDRESS	
CITY-ST-ZIP **GULF BREEZE FL 32561**		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.