

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 21 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P950000066060

1. Corporation Name

Angus W. Pledger Family Foundation, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
10101 Ashley Lane

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593345532

Applied For

Not Applicable

City & State
Southport, FL

City & State

Zip
32409

Country
USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Sec.	Mrs. Claudia Comerford	10101 Ashley Lane	Southport, FL 32409
Pres.	Mr. Dennis Pledger	1013 N. Bay Drive	Lynn Haven, FL 32444
1stVP	Mr. E. J. Commerford	10101 Ashley Lane	Southport, FL 32409
V.P.	Mr. William Shaw	700 Mississippi Ave.	Lynn Haven, FL 32444
Treas.	Mr. Gerald Pledger	8009 Highpoint Rd.	Panama City, FL 32404
C/S	Mr. Michael Pledger	912 Colorado Ave.	Lynn Haven, FL 32444

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

J. R. Hughes, ESQ.
220 McKenzie Ave.
Panama City, FL 32401

Name

500004077875--0

Street Address (P.O. Box Number is Not Accepted)

04/25/01--01080--028

Suite, Apt. #, Etc.

***1350.00 ***1350.00

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

X J. R. Hughes

REGISTERED AGENT MUST SIGN

Date X 3/15/01

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Claudia Comerford Director/Secretary 3/13/01 (850) 872-4590

CR2E081 (12/98)