PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR A REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P950066060

1. Corporation Name

Angus W. Pledger Family Foundation, Inc.

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

FILED

01 MAR 21 PM 1:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

City & State Southport, FL 32409 Country 32409 Country		_			, ,	Mary 11 11 100 care 1 co		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.   2   Now Purpose   Office Address, If Applicable   3. New Malling Office Address, If Applicable   4. Dete Incorporated or OLD Business in Foruge   0.8 / 25 / 1.995     Suite, Apt. I. stc.	Principal Place of Business	Mailing Addr	ess		1.0			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2 New Principal Cities Address. In Applicable and Incorporated or Ovalified To Do Business in Florida 2008/25/1995  3. New Mailing Glice Address. If Applicable To Do Business in Florida To Do Bus				<b>c</b>	LIK			
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Suite Apt # etc.   Suite Apt #								
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.	2. New Principal Office Address, If Applicable 10101 Ashley Lane	Principal Office Address, If Applicable 3. New Mailing Office Addre			To Do Business in Florida		05/4005	
City & State Southport, PL. City & State Southport, PL. Zip Country Country 32409   Country			, etc.		007 207 15333			
Southport, FL 32409	City & State	5. FEI Nu		5. FEI Numbe		<del></del>		
Country   Country   Country   Certificate of Status desired   Country   Certificate of Status   Country   Certificate of Status   Country   Country   Certificate of Status   Country   Country   Certificate of Status   Country		Oily a State			6		- 12 No. 6	
Name of Officers and/or Directors   Sever Address of Each   City / State / Zip	- 2 ·	Zip Country		γ	\$8.75 Additional Fee required			
Sec. Mrs. Claudia Comerford 10101 Ashley Lane Southport, FL 32409  Pres. Mr. Dennis Pledger 1013 N. Bay Drive Lynn Haven, FL 32444  stVP 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  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 220 McKenzie Ave. Panama City, FL 32401  Sited Address (P.O. Box Number is Not Accepting 25/01 01080 028 State Agent Agent Agent Agent Address (P.O. Box Number is Not Accepting 25/01 01080 028 State Agent Agen	7. Names and Street Addresses of Each Officer and/o	r Director (Flo	rida nonprofit corpor	ations must list at lea	st 3 directors)			
Sec. Mrs. Claudia Comerford 10101 Ashley Lane Southport, FL 32409  Pres Mr. Dennis Pledger 1013 N. Bay Drive Lynn Haven, FL 32444  \$tVP 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 912 Colorado Ave. Lynn Haven, FL 32444  8. Name and Address of Current Registered Agent 912 Colorado Ave. Lynn Haven, FL 32444  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name 9. Name and Address of Name 9. Name	Title(s) and/or Directors		Officer and/or Director					
Pres. Mr. Dennis Pledger 1013 N. Bay Drive Lynn Haven, FL 32444  stVP 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 Name  J.T.R. Hughes; ESQ. 220 McKenzie Ave. Panama City, Fl. 32401  Street Address (P.O. Box Number is Not Accept 10/25/01 01/1030 028)  Suite, Apt. #, Etc.  City State Zip Code FL  City State Zip Code FL  REGIST RED AGENT MUST SIGN  11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No. (See other side for information on intangible tax.)					lumbers)			
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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  Name  220 McKenzie Ave. Panama City, Fl. 32401  Street Address (P.O. Box Number is Not Acception 25,701—01030—028)  Suite, Apt. #, Etc.  City  State Zip Code  FL  Registered Agent  Name  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.  Registered Agent  11. This corporation owes the current year Intangible Personal Property Tax due June 30.  Yes No No No Mississippi Ave.  Lynn Haven, FL 32444  Panama City, FL 32404  Suite, Apt. #, Etc.  City  State Zip Code  FL  (See other side for information on intangible tax.)	Pres. Mr. Dennis Pledger		1013 N. Bay Drive		≘	Lynn Haven, F	L 32444	
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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name  220 McKenzie Ave. Panama City, F1. 32401  Suite, Apt. #, Etc.  City State   Zip Code   FL    State   Zip Code   FL    Registered Agent   Manual Address of New Registered Agent    Name  Street Address (P.O. Box Number is Not Acceptable) 25,7(1) 11130 128    Suite, Apt. #, Etc.  City State   Zip Code   FL    Registered Agent   X    Re	V.P. Mr. William Shaw		700 Mississippi Ave.		Ave.	Lynn Haven, F	L 32444	
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Street Address (P.O. Box Number is Not Acceptate) 25.01 - 01080 - 028   Suite, Apt. #, Etc.	Name							
Panama City, F1. 32401  Suite, Apt. #, Etc.  City  State  State  City  State  State  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  11. This corporation owes the current year  Intangible Personal Property Tax due June 30.  Yes No X  Signature of No X  (See other side for information on intangible tax.)				500004077875				
Suite, Apt. #, Etc.  City  State  City  State  City  State  City  State  State  FL  Signature of Registered Agent  No Section 607.0505, F.S.  Date  X 3   S   O    Section 607.0505, F.S.  No Signature of Registered Agent  No Section 607.0505, F.S.  No State  No State  No State  Signature of Registered Agent  X 3   S   O    Section 607.0505, F.S.  No Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  X 3   S   O    Section 607.0505, F.S.  No State  No Stat								
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Registered Agent X Date X 3 15 0 Date Date Date X 3 15 0 Date Date Date Date Date Date Date Date	·			City		FL	Zip Gode	
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Intangible Personal Property Tax due June 30. Yes L No L on intangible tax.)							<del></del>	
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								