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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000086483 (1)**

1. Corporation Name
WISHFUL THINKING INVESTMENT CLUB, INC.

Principal Place of Business	Mailing Address
600 EAST GREGORY ST PENSACOLA FL 32501	600 EAST GREGORY ST PENSACOLA FL 32501-4140

3. Date Incorporated or Qualified: **11/09/1995**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3341841** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REEVES, JAMES J
730 BAYFRONT PARKWAY
SUITE 4-B
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOILLOT, LAURA		1.2 NAME		
STREET ADDRESS	218 1/2 N DESOTO ST. #3		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SALVATOR, PATRICIA		2.2 NAME		
STREET ADDRESS	1200 SHORELINE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUNTER, PERRY		3.2 NAME		
STREET ADDRESS	3750 FORREST GLEN DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32504		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, JAMES		4.2 NAME		
STREET ADDRESS	3013 CORAL STRIP PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROARK, MARY A		5.2 NAME		
STREET ADDRESS	5734 MULDOON ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32526		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SZYMANSKI, DAVID		6.2 NAME		
STREET ADDRESS	2887 BAY MEADOW DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Peggy Hunter (D) 4/4/97 904 433-6288