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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000096530 (7)

DIVORCE MEDIATION OF NORTHWEST FLORIDA, CHARTERE Principal Place of Business Mailing Address 715 NO. BAYLEN STREET 715 NO. BAYLEN STREET PENSACOLA FL 32501 PENSACOLA FL 32501 3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Maring Address Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desireo ۲٦ Fee Required 22 27 6. Election Campaign Financing City & State City & State \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Žφ Country Country Zip Florida Statutes Yes No

10. Name and Address of New Registered Agent 29 30 25 24 9. Name and Address of Current Registered Agent Name KIMMEL ROBERT R Street Address (P.O. Box Number is Not Acceptable) 715 NO. BAYLEN STREET 83 PENSACOLA FL 32501 City Zip Code 84 41. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above maned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DEL ETE Addition 1.1306 CR2E034 KIMMEL, ROBERT R 1.2 NAME NAMÉ 715 NO. BAYLEN STREET 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32501 1.4 CHY-\$1-ZIP C-TY-ST-ZiP Addition DELETE 2.1 THE TIFLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY - \$1 - ZIP CITY - ST - ZIP ☐ DELETE Change ... Add-tion 3 HILL TITLE 3.2 NAME NAME 3.3 STREET ACCORESS STREET ADDRESS 3.4 City St-ZiF CHTY-ST-7/P Change Add-tion DELETE 4 1 7/10 THLE NAME 4.3 STHLET#ADDRESS STREET ADDRESS 800001826388 4.4 CHY SH-ZIP CITY-ST-7IP -05/20/96--01002--Addition DELETE TITLE ***200.00 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS 5.4 Citty - ST - ZiP City-St-ZiP Change Add line DELLETE 6 1 TiTLE TIFLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADORESS 6.4 CITY - ST - ZIP CITY-ST-2IP

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or director of the physication or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if charge 1, giron an attachment with in address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

(904)438-7501

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