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FILED  
Jul 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019108 (5)

1. Corporation Name  
1400 NORTH NINTH AVENUE CORPORATION

Principal Place of Business

1400 N 9TH AVE  
PENSACOLA FL 32503

Mailing Address

1400 N 9TH AVE  
PENSACOLA FL 32503-5828



2. Principal Place of Business

21 1400 N 9TH AVE

Suite, Apt. #, etc.

22

2a. Mailing Address

26 1400 N 9TH AVE

Suite, Apt. #, etc.

27

23 PENSACOLA FL

24 Zip 32503

25 Country USA

28 PENSACOLA

29 Zip 32503

30 Country USA

3. Date Incorporated or Qualified

03/01/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3371754

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

COHEN, JOEL M  
213 S ALCANIZ ST  
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME PD  
DEBRITA, DANIEL J  
STREET ADDRESS 1400 N 9TH AVE  
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ DELETE

NAME VD  
BENNETT, TOBIN  
STREET ADDRESS 1153 CYPRESS LANE, APT D  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ DELETE

NAME STD  
BENNETT, TONI  
STREET ADDRESS 1153 CYPRESS LANE, APT D  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

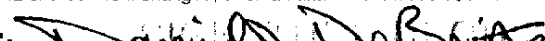
6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 

6-27-97 904-418-8641

CR2E034 (9/96)