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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055101

1. Corporation Name
904 ASSOCIATES, INC.

Principal Place of Business
25 WALTER MARTIN RD
FTR WALTON BEACH FL 32548

Mailing Address
25 WALTER MARTIN RD
FTR WALTON BEACH FL 32548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. 50 Beal Pkwy SW Suite, Apt. #, etc. 22. Suite 2 City & State 23. Fort Walton Beach FL Zip 24. 32548		2a. Mailing Address 25. P.O. Box 1539 Suite, Apt. #, etc. 27. City & State 28. Fort Walton Beach FL Zip 29. 32549		3. Date Incorporated or Qualified 06/28/1996	
		4. FEI Number 63-1176897		Applied For Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
		5. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

GRIMSLEY, JAMES W
25 WALTER MARTIN RD
FTR WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81. Name
Warren N. Gourley
 82. Street Address (P.O. Box Number is Not Acceptable)
50 Beal Pkwy SW
 83. **Suite 2**
 84. City
Fort Walton Beach FL
 85. Zip Code
32548

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 *Warren N. Gourley* **WARREN N. GOURLEY** *29 April 99*
(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 NAME STREET ADDRESS CITY-ST-ZIP	D GRIMSLEY, JAMES W 25 WALTER MARTIN RD FTR WALTON BEACH FL 32548 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP Warren N. Gourley 50 Beal Pkwy SW Ste 2 Fort Walton Beach FL 32548 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEWIS, JAMES H 2140 11TH AVE SOUTH BIRMINGHAM AL ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DST Joanna S. Gourley 50 Beal Pkwy SW Ste 2 Fort Walton Beach FL 32548 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEWIS, JAMES C 2140 11TH AVE SOUTH BIRMINGHAM AL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DVP James Szabo 50 Beal Pkwy SW Ste 2 Fort Walton Beach FL 32548 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOURLEY, WARREN N 50 BEAL PKWY SW SUITE 2 FT WALTON BCH FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Warren N. Gourley* **WARREN N. GOURLEY** *16 April 99 (P50) 242 1313*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)