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Mailing Address

5630 DEEGWAY BLVD. PENSACOLA FL 32501-7226

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

5630 LEESWAY BLVD.

PENSACOLA FL 32504



FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056335 (8)

JEFFREY ALLEN MCCANN, P.A.

appears in Block 12 or Block 13 if ch

SIGNATURE:

3. Date Incorporated or Qualified 3a. Date of Last Report 07/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For Postoffia Box 10833 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be Pensa cola Trust Fund Contribution 23 28 Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCANN, JEFFREY A 5630 LEESWAY BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 83 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE $\delta(y_0) \sim (y_0) \sigma$ or present one coordinate larger large agent and title of applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. OFFICERS AND DIRECTORS 13. Addition 1111 DELETE 11 TITLE Change MCCANN, JEFFREY A 1.2 NAME 32E034 hast-POST OFFICE BOX 10833 1.3 STREET ADDRESS STREET ACTORESIS PENSACOLA FL 32524-0833 1.4 CITY - ST - ZIP 01.4.51 DELETE ☐ Change Addition THE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STee: LADORESS 2 4 CITY-ST-ZIP ODF-51-74 DELFTE ☐ Change Addition 31 TITLE 1-111 3.2 NAME NAME 3.3 STREET ADDRESS SIMPL ALIGH ST PH- 8 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TELLE 4. 2 NAME NAME: 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP C-17 ST 70 DELETE Change Add:tion 5.1 TITLE 71114 52 NAME NAMI 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHTY - ST - ZIP DELETE Change Addition 6.1 TITLE THEF **6.2 NAME** HAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - \$1 - ZIP 14. Indo 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 chapter 6, or an attachment with an address.