FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065873 (7)

PEN GULF ENTERPRISES. INC.

Principal Place of Business Mailing Address 1402 W. ZARRAGOSSA STREET 1402 W. ZARRAGOSSA STREET PENSACOLA FL 32501 PENSACOLA FL 32501-5355 3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59 340<u>91</u> 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes 📈 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COX, NANCY R 1402 W. ZARRAGOSSA STREET 82 Street-Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-parted 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 4 applicable (NOTE: Begistered Agent signature 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) ☐ DELETE Change Addition TITLE 1.1 TITLE COX, NANCY R NAME 1.2 NAME 1402 W. ZARRAGOSSA STREET STREET ADDRESS 1.3 STREET LADDRESS PENSACOLA FL 32501 CITY-ST-ZIP 1.4 CUTY - \$1 - ZIF DELETE TITLE 2.1 TILLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY-\$1-20 DELETE Change Addition TITLE 3.1 THUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP 🔲 DELETE Change Addition 4.1 11116 NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - ST - 7(P 🔲 DELÊTE Change Addition TITLE 5.1 1111.6 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP 🔲 DELËTË TITLE Addition 6.1 11118 NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CHY+SI-ZIP

STREET ADDRESS

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)(i). Florida Statutes. I further certify that the information indicated on this arguel 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 recover 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 adactment with an address.

1 Gall (122-120)

FILED

Feb 10 1997 8:00am

Secretary of State