FILED May 01, 2003 8:00 am Secretary of State

1. Entity Nam		0072170		05-01-2003 90165 005 ***150.00	AV
Principal Place of Business 2216 E. OLIVE RD. SUITE 200 PENSACOLA FL 32514		Mailing Address 2216 E. OLIVE RD. SUITE 200 PENSACOLA FL 32514			
2. Principal P	lace of Business	3. Mailing Address		((801/108): 110 10/16 81111 80/11 05/11 05/11 05/11 05/11 180/9 7/80/ 1/6// 102// 90// 102/	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Stat	е	City & State	·	4. FEI Number 59-3397479 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name -	The state of the s	
Jones, Richard C 2216 E. Olive Rd.			Street Addre	ress (P.O. Box Number is Not Acceptable)	
SUITE 200					
PENSACOLA FL 32514		City	FL Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regi	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .				•	
bialvatorie.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Agent signature red	required when reinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP JONES, RICHARD C 2216 E OLIVE RD, 200 PENSACOLA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 6	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TENONOULA TE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CRZE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete _	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME	<u> </u>	☐ Delete	TITLE NAME	☐ Change ☐ Addition	

12. 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 report or supplemental report is true and accurate any final 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

C|TY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)