

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

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000072389 (5)**

**1. Corporation Name PAIR & ASSOCIATES, INC.**



**Principal Place of Business**  
1074 FORT PICKENS ROAD  
PENSACOLA BEACH FL 32561

**Mailing Address**  
1074 FORT PICKENS ROAD  
PENSACOLA BEACH FL 32561-3902

**3. Date Incorporated or Qualified** 08/26/1996  
**3a. Date of Last Report**

**2. Principal Place of Business**

**2a. Mailing Address**

**21** Suite, Apt #, etc.

**26** P.O. Box 12083

**4. FEI Number** 59 340 7004  
**Applied For** Not Applicable

**22** City & State

**27** City & State

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**23** Zip

**25** Country

**28** PENSACOLA FL

**29** 32590

**30** ESCAMBIA

**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**24**

**25**

**29**

**30**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PAIR, JOSEPH Z**  
1074 FORT PICKENS ROAD  
PENSACOLA BEACH FL 32561

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

**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** (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE** D  DELETE  
**NAME** PAIR, JOSEPH Z  
**STREET ADDRESS** 1074 FORT PICKENS ROAD  
**CITY-ST-ZIP** PENSACOLA BEACH FL 32561

**1.1 TITLE** D  Change  Addition  
**1.2 NAME** MATTHEW PAIR  
**1.3 STREET ADDRESS** PO BOX 12083  
**1.4 CITY-ST-ZIP** PENSACOLA FL 32590

**TITLE** D  DELETE  
**NAME** PAIR, BART S  
**STREET ADDRESS** 1014 SO PETERSON  
**CITY-ST-ZIP** FT COLLINS CO 80524

**2.1 TITLE**  Change  Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**TITLE** D  DELETE  
**NAME** PAIR, BRIT M  
**STREET ADDRESS** 1014 SO. PETERSON  
**CITY-ST-ZIP** FORT COLLINS CO 80524

**3.1 TITLE**  Change  Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**4.1 TITLE**  Change  Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**5.1 TITLE**  Change  Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**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)(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.**

**SIGNATURE:** *Joseph Z Pair* 4-21-97 9327890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)