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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9600073444 (7) POINT PROPERTIES OF PENSACOLA, INC.

## **FILED** Feb 09 1998 8:00am Secretary of State



Principal Place	Mailing Address								
4300 BAYOU I	PO BOX 30009								
SUITES 12 &		PENSACOLA FL 32503-1009							
PENSACOLA F	L 32503-1009					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifie 08/20/1996	d		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26			59-2985262	-	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Control of Other Design		\$8.75	Additional	
22		27				6. Certificate of Status Desired	ш	Fee R	equired
Çity & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zφ	Cr	ountry		8. This corporation owes or has	paid the cu	rrent year In	tangible
24	25	29	30			Personal Property Tax due Ju			□No
\ <del></del>	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered	Agent	
FLE	MING, EDWARD P			81	Name				
11 ALICE STREET					Ctroot Add	ress (P.O. Box Number is Not Accep	toblo)		
	ISACOLA FL 32505			82	Street Addi	ress (P.O. Box Number is Not Accep	lable)		1
,,	107,000 (11 0200)			83					
				84	City		Fi	85 Zip	Code
64 Durament	to the provisions of Sections 607 Old	2 and 607 1609 Florida Sta	lutes the	about	-named corr	poration submits this statement for th	a nurnose o	f changing	ts registered
office or r	egistered agent, or both, in the State	of Florida. Such change wa	s authoriz	ed by	the corporal	poration submits this statement for the tion's board of directors. I hereby ac	cept the app	pointment as	registered
agent. I a	ni familiar with, and accept the oblig	ations of, Section 607.0505,	Florida St	atutes	<b>)</b> .				
SIGNATURE	Stonature typod or printed name of registered age		OLC Division			red when reinstating)	DATE		
12.		D DIRECTORS	13		in aignature requi	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
TITLE .	P	DELETE		TITLE		ADDITIONO/OFF/ARGES TO GI	TOLITO ( III )	Change	Addition
l i	BONNELL, DAVID	_ Jetter		NAME					
NAME	9272 LILGE CIRCLE								į
STREET ADDRESS	NAVARRE FL 32566				ADORESS				
CITY-ST-ZIP	VP	DELETE		CITY-S	T-ZIP			Change	Addition
TITLE	**	☐ DETER		TITLE				L'I Amille	LI ADDITION
NAME	HOLLAND, ARTICE R			NAME					I
STREET ADDRESS	470 VAN PELT		2.3	STREET	ADDRESS				- 1
CITY-ST-ZIP	PENSACOLA FL 32505		2. 4	CITY-	ST-ZIP				
TITLE	"S	☐ DELETE	3.1	TITLE				Change	Addition
NAME	Boothe, robert e Jr		3.2	NAME					
STREET ADDRESS	11 ALICE STREET		3.3	STREET	ADDRESS				ļ
CITY-ST-ZIP	PENSACOLA FL 32505		3.4	CITY-	ST-ZIP				
TITLE	1	DELETE		TITLE				Change	Addition
NAME	STOWELL, DAVID		4.2	NAME					1
STREET ADDRESS	3919 RIGA BLVD.		43	STREFT	ADDRESS				1
CITY-ST-ZIP	TAMPA FL 33619			CITY-S					
TITLE		DELETE		TITLE	11 4.41			Change	Addition
		_ J.L.L.		NAME					
NAME					1000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T protie		CITY-5	17 - ZIP			Change	Addition
TITLE		☐ DELETE	1	TITLE				LJ Change	☐ Addition
NAME			6.2	NAME					1
STREET ADDRESS			6.3	STREET	ADDRESS				l
CITY CT 7ID			8.4	City-9	:T. 71P				

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.

Kobert & Boothe In