Mailing Address

PENSACOLA FL 32882

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

Zip

P.O. BOX 12358

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000086663

Country

9. Name and Address of Current Registered Agent

RGB WEST, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

17 PALAFOX STREET

PENSACOLA FL 32501

#394

US

21

22

23

24

Zip

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90047 038 ***150.00

		•		•		
	DO NOT WRIT	E IN TH	IIS SPACE			
3.	Date Incorporated or Qualifed		•			
	10/16/1996					
4.	FEI Number			Applied For		
	59-3407658			Not Applicable		
5.	Certificate of Status Desired		\$8.75 Additional Fee Required			
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
8.	This corporation owes the current year Intangible					
	Personal Property Tax.		☐ Yes	□No		
ñ	Name and Address of Nam P	i-t	d Agant			

TOURSON 81 BAKER, RICHARD R 17 PALAFOX ST 394 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32582 83 84 City

Country

30

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 specific fram familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE						
		Registered Agent signature re	<u> </u>			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD DELETE	1.1 TITLE	13-23-17-6-2	☐ Change	☐ Addition	
NAME	GILMORE, J D	1.2 NAME				
STREET ADDRESS	17 PALAFOX ST, #394	1.3 STREET ADDRESS	·			
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP		· _		
TITLE	VPSD □ DELETE	2.1 TITLE	*	☐ Change	☐ Addition	
NAME	BAKER, RICHARD R	2.2 NAME				
STREET ADDRESS	17 PALAFOX ST, #394	2.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL ANGLES AND ANGLES AN	2.4 CITY-ST-ZIP				
TITLE 37 39	D work, against	3.1 TITLE		☐ Change	☐ Addition	
NAME (RITCHIE JR, WALTER J	3.2 NAME				
STREET ADDRESS	17 PALAFOX STREET, #394	3.3 STREET ADDRESS	1000 1000 1000 1000 1000 1000 1000 100	(21 a * 114 (1545)	e salterma	
CITY-ST-ZIP	PENSACOLA FL"	3.4. CITY-ST-ZIP				
TITLE	- □ DELETE	4.1 TITLE	1、1/2 で、18、19日展記録で表記	¿ ☐ Change ;	Addition	
NAME		4. 2 NAME	•			
STREET ADDRESS		4.3 STREET ADDRESS	·			
CITY-ST-ZIP	\$13 m	4.4 CITY-ST-ZIP				
TITLE	□ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME		5.2 NAME				
STREET ADDRESS	60	5.3 STREET ADDRESS				
CITY-ST-ZIP	I was a second of	5.4 CITY-ST-ZIP				
TITLE	OBLETE	6.1 TITLE		Change	Addition	
NAME	17 PARADON SE, 993 M	6.2 NAME	•		ļ	
STREET ADDRESS	#94440949; Total	6.3 STREET ADDRESS		•	}	
CITY-ST-ZIP	(A) (A)	6.4 CITY-ST-ZIP			[

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, with all other like empowered.