

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000091146 (6)
 1. Corporation Name
M. PETE MCNABB OF NORTHWEST FLORIDA, INC.



Principal Place of Business: **400 GULF BREEZE PARKWAY #204 GULF BREEZE FL 32561**
 Mailing Address: **400 GULF BREEZE PARKWAY #204 GULF BREEZE FL 32561**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 909 E Cervantes St.		26 909 E. Cervantes St		11/01/1996	
Suite, Apt. #, etc. # F		Suite, Apt. #, etc. # F		4. FEI Number 59-3400293	
City & State Pensacola, FL		City & State Pensacola, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 32501		Country Escambia		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 32501		25 Escambia		27 # F	
29 32501		30 Escambia		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCNABB, M P 400 GULF BREEZE PARKWAY #204 GULF BREEZE FL 32561				81 Name McNabb, M.P.			
				82 Street Address (P.O. Box Number is Not Acceptable) 909 E Cervantes Street			
				83 # F			
				84 City Pensacola			
				FL		85 Zip Code 32501	

11. Pursuant to the provisions of Sections 607.0502 and 607.7508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of principal place of business, 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 jurisdiction of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3-10-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNABB, M P			1.2 NAME	McNabb, MP		
STREET ADDRESS	400 GULF BREEZE PARKWAY #204			1.3 STREET ADDRESS	909 E Cervantes St # F		
CITY-ST-ZIP	GULF BREEZE FL 32561			1.4 CITY-ST-ZIP	Pensacola, FL 32501		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURKOVICS, RANDOLPH H			2.2 NAME	Turkovic, Randolph H.		
STREET ADDRESS	400 GULF BREEZE PARKWAY #204			2.3 STREET ADDRESS	909 E Cervantes St # F		
CITY-ST-ZIP	GULF BREEZE FL 32561			2.4 CITY-ST-ZIP	Pensacola, FL 32501		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 in changed or in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3-10-98** ID: **904-432-4477**

CR2E034 (10/97)