


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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90203 002 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

Principal Place of Business: 909 E CERVANTES ST #F PENSACOLA FL 32501 US
 Mailing Address: 909 E CERVANTES ST #F PENSACOLA FL 32501 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 401 E Chase St. #104 Pensacola FL 32501 US
 2a. Mailing Address: 401 E Chase St. #104 Pensacola FL 32501 US

3. Date Incorporated or Qualified: 11/01/1996
 4. FEI Number: 59-3400293 Applied For: 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

9. Name and Address of Current Registered Agent
 MCNABB, M P
 909 E CERVANTES ST #F
 PENSACOLA FL 32501

10. Name and Address of New Registered Agent
 81 Name: McNabb, M. Pete
 82 Street Address (P.O. Box Number is Not Acceptable): 401 E Chase Street
 83 #104
 84 City: Pensacola FL 85 Zip Code: 32501

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: *M. Pete McNabb* M Pete McNabb DATE: 3.19.99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNABB, M P	
STREET ADDRESS	909 E CERVANTES ST #F	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TURKOVICS, RANDOLPH H	
STREET ADDRESS	909 E CERVANTES ST #F	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McNabb, M. Pete	
1.3 STREET ADDRESS	401 E Chase Street #104	
1.4 CITY-ST-ZIP	Pensacola, FL 32501	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Turkovics, Randolph H	
2.3 STREET ADDRESS	401 E Chase Street #104	
2.4 CITY-ST-ZIP	Pensacola, FL 32501	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *M. Pete McNabb* M Pete McNabb DATE: 3.19.99 850-452-4477
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)