FILED Mar 17, 1999 8:00 am Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MENT # P96000 GING CENTER OF PENSA						
Principal Place	e of Business	Mailing Address			L 60041000 ILO (DISE DITA DELLI DONII DONII DONII		B B111} BB11 1981
4996 NORTH DAVIS HWY 4996 NORTH DAVIS HWY							
PENSACOLA FL 32503		PENSACOLA FL 32503		DO NOT WRITE IN THI	S SPACE		
US		U\$			Date Incorporated or Qualified	3 OF ACE	
					11/13/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-3420642		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		Additional
22		27					lequired
City & State	ė	City & State			6. Election Campaign Financing		May Be to Fees
23	Country	Zip	Country		Trust Fund Contribution		to rees
Zip	Country	<u>├</u> ¬	¬ ´		This corporation owes the current year I Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre				10. Name and Address of New Registere	<u></u>	
	3. Name and Fideless of Curre	The Hogistone of High Table 1	81	Name			
	ers, Sherrin G		02	C1 A	Address (P.O. Box Number is Not Acceptable)		
4996 NORTH DAVIS HWY			82	Sireel A	Addless (P.O. Box Nulliber is Not Acceptable)		
PENS	SACOLA FL 32503		83				
				-0:		. 85 Zip	Code
			84	City	F		code
office or o	egistered agent, or both, in the State in familiar with, and accept the oblight Slightature, typed or printed name of registered as	e of Florida. Such change was authations of, Section 607 0505, Florid	orized by a Statutes.	the corpor	corporation submits this statement for the purpose ration's board of directors. I hereby accept the approximated when reinstating).	omunent as i	egistered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	DELETE	1 1 TITLE			Change	Acdilion
NAME	SOWERS, SHERRIN G		12 NAME	1			
STREET ADDRESS	3090 BLACKSHEAR AVENUE		:3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		14 CITY-SI	r-ZiP			
TITLE	Ō	☐ D€LETE	2 1 TIFLE	1		Change	Addition
NAME	KING, BEVERLY S		2.2 NAME)			}
STREET ADDRESS			23 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		2 4 CITY-S	T-ZIP		Chana	Addition
TITLE		☐ DELETE	Ji TiT⊾E			Change	[1] wa sinon
NAME			32 NAME	}			
STREET ADDRESS			33 STREET				
CITY-ST-ZIP		DELETE	34 CITY-S	T-ZIP		[] Change	noitit to A
TITLE		□1 DEFE 1€	4 1 TITLE	- 1		onange	
NAME			4 2 NAME	AUDBLEE			
STREET ADDRESS			4 3 STREET				}
CITY-ST-ZIP TITLE		☐ DELETE	51 TITLE	1 · 2.IF		Change	e Addition
NAME		·=/	52 NAME			· ·	
STREET ADDRESS			53 STREET	ADDRESS			{
CITY-ST-ZIP			54 CITY-ST	r-ZIP			
TITLE		☐ DELETE	61 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREET	ADDRESS			

14. I hereby certify that the information supplied with this filting 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 chapted, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HANE SIGNING OFFICER OR DIRECTOR