

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000094109 (1)**

1. Corporation Name

PALAFox LANDING, INC.

Principal Place of Business

**715 SOUTH PALAFOX STREET
PENSACOLA FL 32501**

Mailing Address

**715 SOUTH PALAFOX STREET
PENSACOLA FL 32501**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1996

4. FEI Number

NOT APPLICABLE

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 717 South Palafox Street
Suite, Apt. #, etc.

**22 City & State
23 Pensacola, Florida**

24 Zip 32501 25 Country USA

2a. Mailing Address

26 P. O. Box 13046
Suite, Apt. #, etc.

**27 City & State
28 Pensacola, Florida**

29 Zip 32501 30 Country USA

9. Name and Address of Current Registered Agent

**MCDavid, SANDY
715 SOUTH PALAFOX STREET
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name

**82 Street Address (P.O. Box Number is Not Acceptable)
717 South Palafox Street**

83

**84 City
Pensacola**

**85 FL Zip Code
32501**

11. Pursuant to the provisions of Sections 607.08(2) 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

Sandy McDavid

Sandy McDavid, Director

4/29/98

Signature, typed or printed name and position of person signing (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

0 ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MCDavid, SANDY
715 SOUTH PALAFOX STREET
PENSACOLA FL 32501

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
717 South Palafox Street
Pensacola, FL 32501

☐ Change ☐ Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 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

SIGNATURE

Sandy McDavid

Sandy McDavid, Director

4/29/98

850-432-0006

CR2E034 (10/97)