FILED Mar 11, 2008 8:00 am Secretary of State 03-11-2008 90021 008 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000095504 1. Entity Name PENSACOLA BOLT, INCORPORATED						,	98 90021 008 · · · 1	
Principal Place of Business 8500 FOWLER AVENUE PENSACOLA, FL 32534			Mailing Address 8500 FOWLER AVENUE PENSACOLA, FL 32534 US		40042993			
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02062008 Chg-P	CR2E03	34 (12/06)	
City & State		City & State	,		to the second se		Not Applicable	
Zip	Country	Zip	Country	,	5. Certificate of Status Desired	F	8.75 Additional see Required	
	6. Name and Address of Curr	ent Registered Agent	Name		7. Name and Address of New I	Registered A	gent	
ONEILL, J	IOHN M. III		JESKLO, INC.					
8500 FOWLER AVENUE PENSACOLA, FL 32534				Street Address (P.O. Box Number is Not Acceptable) 8500 Fowler Avenue				
-			City	Pens	sacola	FL	39 534	
	pamed entity submits this statemen	nt for the purpose of changing it	s registered office o	r registere	d agent, or both, in the State of Fl	orida. Tam fa	amiliar with, and accept	
the obliga	nons of registered agent. for J Sphaule, typed oxprinted name of registered ex	JESKLO, INC, as periand title if applicable. (NO	its presid		when reinstating)	2/2 DATE	9/08	
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$55	9. Election Campa 0.00 Trust Fund Con			00 May Be d to Fees			
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFF			
TITLE	P ONEILL, JOHN M	Delete	TITLE NAME				☐ Change ☐ Addition	
NAME Street address	4370 DEVEREUX DRIVE		STREET ADDRESS				1	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP					
TITLE NAME STREET ADDRESS				850	STD Change Addition ohn Michael O'Neill, III			
CITY-ST-ZIP	PENSACOLA, FL 32534		CITY-ST-ZIP	Pen	sacola, FL 32534		7 Change 7 Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Deleie	NAME STREET ADDRESS CITY-ST-ZIP			L	Change Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change Addition	
TITLE NAME STREET ADDRESS CITY - ST- ZIP		☐ Detele	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ε	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	Change Addition	
12. I hereby condicated of the corn	ertify that the information supplied with this report or supplemental report or supplemental report or studies emor on an attackment with an address	is true and accurate and that in powered to execute this report with all other like empowered.	r the exemptions co ny signature shall ha as required by Char	ive the sar oter 607, F	ne legal effect as if made under of lorida Statutes; and that my name	ath; that I am appears in B	an officer or director lock 10 or Block 11 if	
SIGNAT	URE:	John Mi		eil1,	III 2/29/08 (85		-7977	