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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103349 (2)

PALAFOX PIER & YACHT HARBOR, INC.

Principal Place of Business Mailing Address 125 W. ROMANA STREET 125 W. ROMANA STREET SUITE 224 SUITE 224 PENSACOLA FL 32501-5849 PENSACOLA FL 32501 3. Date Incorporated or Qualified 3a, Date of Last Report 12/20/1996 2. Principal Place of Business 21 804 S. Palafox Suite, Apl #, etc 2a, Malling Address 4. FEI Number Applied For P.O. Box 12063 59-343211 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Pe<u>nsacola</u> **Yensacola** 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, 24 32501 Yes X No Florida Statutes 25 g. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 LOZIER, DANIEL R 125 W. ROMANA STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 224** PENSACOLA FL 32501 83 84 City Zip Code 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 Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. THE DELETE 1.1 TITLE Change ★ Addition Russenberger s. Palatox 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS ensacola, FL 32501 CITY-ST-ZIP 1.4 City-St-ZIP ☐ Change X Addition ☐ DELETE 21 TITLE THE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP (H1Y-S)-21P DELETE Change Addition Tille 3 1 TITLE 32 NAME NAME

14. I do 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.

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE

STREET ADDRESS

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TITLE

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NAME STREET ADDRESS

THE OF THE OF SIGNING OFFICER OF DIRECTOR

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4/25/97

FILED

May 12 1997 8:00am

Secretary of State

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