

0540917 —



FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90018 015 ***150.00

1. Corporation Name

[illegible]

DO NOT WRITE IN THIS SPACE

04/24/1997

Applied For
Not Applicable

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

Agent

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

Name
KNOERR, RALPH A.

Street Address (P.O. Box Number is Not Acceptable)
600 S. BARRACKS #A4

—

City
PENSACOLA

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	KNOERR, RALPH A.		
1.3 STREET ADDRESS	600 S. BARRACKS #A4		
1.4 CITY-ST-ZIP	PENSACOLA, FL 32501	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

2.1 TITLE	PENSACOLA, FL 32501	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #