


DOCUMENT # P97000075340

FILED
May 02, 2001 8:00 am
Secretary of State

B0044516

[illegible]

Principal Place of Business		Mailing Address		<div style="text-align: right; font-size: 24px; font-weight: bold;">B0044516</div>  <div style="text-align: center; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>					
500 MALDONADO DR PENSACOLA BEACH FL 32561 US		500 MALDONADO DR PENSACOLA BEACH FL 32561 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number 59-3469483					
Zip		Country		<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">Applied For</td> </tr> <tr> <td></td> <td>Not Applicable</td> </tr> </table>			Applied For		Not Applicable
	Applied For								
	Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required							

6.- Name and Address of Current Registered Agent

HARGROVE, CHARLES L
500 MALDONADO DR
STE. 240-B
PENSACOLA BEACH FL 32561

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST HARGROVE, CHARLES L 500 MALDONADO DR PENSACOLA BEACH FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles L. Hargrove CHARLES L. HARGROVE 4/26/01 830-932-3381

Date _____

Daytime Phone #

CR2E034 (10/00)