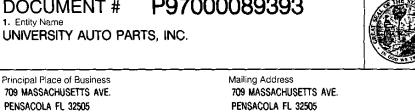
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000089393 **DOCUMENT #**



Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91799 001 ***300.00

			Soo w				
Principal Place of Business 709 MASSACHUSETTS AVE. PENSACOLA FL 32505		Mailing Address 709 MASSACHUSETTS AVE. PENSACOLA FL 32505					
2. Principal Place of Business		3. Mailing Address			i kogikhor kin indik indik ndala gasa dakik bah	F VERSON FORMED TAKING SAFERD STATE FORM	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKIN	IG CHANGES	
City & State		City & State			4. FEI Number 59-3476757 Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent			
MINICHEN	I DODDY	. ~ -	Name	<u>.</u>		* * *	
MINCHEW, BOBBY 709 MASSACHUSETTS AVE.				Street Address (P.O. Box Number is Not Acceptable)			
PENSACOLA FL 32505							
-			City		FI	Zip Code	
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or	registered	agent, or both, in the State of Florida. I am	n familiar with, and accept	
the obligat	none or registered agent.						
SIGNATURE .	Signature, typed or printed name of registered age	ont and title if applicable (NOTE	: Registered Agent signat	re required wh	nen reinstating) DATE		
	Signature, types of printed having three grades and age	interior the purposes. (NOTE		3-0-10qa-10a 44-1	STATE OF THE STATE		
	ILE NOW!!! FEE IS \$150.00	_			S. Election Campaign Financing	\$5.00 May Be	
After May 1, 2003 Fee will be \$550.00						☐ Added to Fees	
Make Check	Payable to Florida Department	of State					
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE			☐ Change ☐ Addition (
NAME	MINCHEW, BOBBY		NAME			}	
STREET ADDRESS	709 MASSACHUSETTS AVE.		STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32505		CITY-ST-ZIP				
TITLE	ח	☐ Datate	TITLE			☐ Change ☐ Addition	

make Officer	rayable to i forida pepartificint of State					
10.	OFFICERS AND DIRECTOR	สร	11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINCHEW, BOBBY 709 MASSACHUSETTS AVE. PENSACOLA FL 32505	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-2IP	D MINCHEW, BRYAN 709 MASSACHUSETTS AVE. PENSACOLA FL 32505	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINCHEW, LYNDA 709 MASSACHUSETTS AVE. PENSACOLA FL 32505	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 💆

IGUIC MUTCHURE OUIREYN DA C. MINCHEW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

850) 435 29 83

Daytime Phone #

CR2E034 (10/02)