FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S41487

(7)

PASSPORT PLACEMENT SERVICES, INC.

FILED Apr 21 1998 8:00am Secretary of State

Principal Place 3535A W. FA PENSACOLA US		Mailing Address 3535A W. FAIRFIELD DR. PENSACOLA FL 32505 US	3535A W. FAIRFIELD DR. PENSACOLA FL 32505		DO NOT WRITE IN THIS SPACE	
		03			3. Date Incorporated or Qualified 03/27/1991	S STACE
21	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3062812	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Zip Country		City & State 28 7 ip Country		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	25 Q. Name and Address of Current	Zip [29] Registered Agent	30 Country	·	B. This corporation owes or has paid the operational Property Tax due June 30. Name and Address of New Registere	Yes No
SMITH, JOHNNY M., JR. 5040 YESTEROAKS CIRCLE				Name		
PENSACOLA FL 32505			82		ress (P.O. Box Number is Not Acceptable)	
			83			
11 Pure root	to the provisions of Pactions CO2 0100	and CO7 3EO9 Florido Ptotut			F	
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 typind or presed as one of inquistreed agrees, and title it applicable (NOTE flogistered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ant signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE			1.1 TOLE		7,001,001,74,000,74	☐ Change ☐ Addition
NAME	SMITH, JOHNNY M., JR.		1.2 NAME			
STREET ADDRESS	5040 YESTEROAKS CIRCLE		1.3 STREET	ADDRESS		3
CITY-ST-ZIP	PENSACOLA FL		1.4 CHY- S			
TITLE	E		21 10LF	<u> </u>		Change Addition
NAME			22 NAME			_ , _
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-			
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-5	ST - ZIP		
TITLE	DELETE 4.		4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS	T ADDRESS		4.3 STREFT	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	1 - ZiP		
TITLE	DELETE 5.1 TI		5.1 1ITUE			Change Addition
NAME			52 NAME			
STREET ADDRESS	T ADDRESS 5.3		5.3 \$1REF1	ADDRESS		
CITY-ST-ZIP			5.4 CHTY - S	1 - ZIP		
TITLE	☐ DELETE 611		61 THLE			Change Addition
NAME			6.2 NAME			}
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	1-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.