## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8)DOCUMENT # FERGUSON & BEARD, INC. Principal Place of Business Mailing Address 719 SOUTH PALAFOX STREET 719 SOUTH PALAFOX STREET PENSACOLA FL 32501 PENSACOLA FL 32501 3. Date Incorporated or Qualified 3a. Date of Last Report 05/13/1991 04/28/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3068801 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zin $Z_{10}$ Yes Mo 30 Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BEARD, EILENE Street Address (P.O. Box Number is Not Acceptable) **8530 NORTH OLD PALAFOX HIGHWAY** A3 **LOT 41** PENSACOLA FL 32503 City 85 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or protect have of requirementage if a letter mapple as a (NOTE: Flavorboost Aura Caurust inchea-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS Deceme Change Addition CO 1 TITLE BEARD, EILENE 1.2 NAME 719 S PALAFOX ST 1.3 STREET ADDRESS STREET ADDRESS 30501 PENSACOLA FL CITY-ST-ZIP 14 CHY+ST-ZIP Change DELETE Addit on TITLE 2 1 THUE FERGUSON, GENE 2.2 NAME NAME 719 S PALAFOX ST 2.3 STREET ADDRESS STREET ADDRESS 32501 PENSACOLA FL CITY-ST-ZIP 2 4 CITY - ST - ZIP Addition [T] DELETE 3 1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4 CITY - ST-ZIP DELETE Change Add tion 4 1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZiP 4 4 CITY - ST ZIF DELETE Addition TITLE 5.11005 5 2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CHY - \$1 - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6 1 TITLE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A). 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 eath, 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

6.2 NAME

6.3 STREET AUDRESS 6.4 C-1Y - ST - ZiP

NAME STREET ADDRESS

City-St ZiP

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12.

TITLE

Sen Gens

Eilene Beard

425.56 904-433-4319

CR2E034 (12/95)