

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra S. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S70970** (6)

1. Corporation Name
HINOTE REALTY OF PENSACOLA, INC.



Principal Place of Business: **6100-A WEST FAIRFIELD DRIVE PENSACOLA FL 32506 US**
Mailing Address: **P.O. BOX 3633 PENSACOLA FL 32516 US**

2. Principal Place of Business: **21 6100 West Fairfield Dr. 26 State Apt. #, etc. 22 "A" 27 City & State: 23 Pensacola, FL 28 Zip: 24 32506 25 U.S. 29 County: 30**

3. Date of Incorporation or Qualified: **08/01/1991**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-3079180** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**HINOTE, WILLIAM L. J
6100 -A WEST FAIRFIELD DRIVE
PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

81 Name: **Hinote, William L. (Jr.)**
82 Street Address (P.O. Box Number is Not Acceptable): **6100-A West Fairfield Drive**
83
84 City: **Pensacola** 85 Zip Code: **FL 32506**

11. Pursuant to the provisions of s. 607.01(2)(c) and s. 607.15(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as shown in the State of Florida. Such change will be effective if by this corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of s. 607.01(2)(c), Florida Statutes.

SIGNATURE: *W. Hinote*
Date: **04/15/96**

12. OFFICERS AND DIRECTORS

TITLE	PVS	<input type="checkbox"/> DELETE
NAME	HINOTE, WILLIAM L. JR.	
STREET ADDRESS	1161 PARK LANE	
CITY, ST, ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is entirely true and correct, for the exemption statute in Section 119.07(2)(g), Florida Statutes. I further certify that no officer or director is listed on this annual report who is not qualified to accept responsibility for the corporation's financial affairs. I am familiar with and accept the obligations of s. 607.01(2)(c), Florida Statutes, and that my name appears in s. 607.12 or 607.14. I did not change my name since the last filing.

SIGNATURE: *W. Hinote*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/96 (904) 456-8666

CR2E034 (12/95)