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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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F PENSACOLA, INC.				# 18071818 (I) 18821 81201 (#II)	ı Anna ibil alan dibili d	10)(0/4() 1)	A) #(#(} ##)
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).	501 NAVY BLVD.						
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te	City & State			-+		\$5.00	Mav Be
	28			Trust Fund Contribution	* L	Added to	•
Country	Zip	Country		8. This corporation owes the c	urrent year Intangi	ble	
25	29	30		Personal Property Tax.	X	Yes	□No
9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	w Registered Age	int	
II OTEDUEN D		81	Name				
		82	Street A	ddress (P.O. Box Number is Not Acce	eptable)		
		83					
SACOLA PL 32301		84	City		8	5 Zip C	Code
registered agent or both in the State	e of Florida. Such change was aut	thonzed by t	he corpo	ration's board of directors. I hereby ac	cept the appointment	ent as req	gistered
Signature, hand as proted page of registered as	and title if applicable (NOTE: F	Registered Agent	sionature re	quired when reinstating)	DATE		
Signature, typed or printed name of registered ag	<u> </u>	Registered Agent	signature re	quired when reinstating) ADDITIONS/CHANGES TO		DIRECTO	RS IN 12
Signature, typed or printed name of registered ag	nerit and title if applicable. (NOTE: FIND DIRECTORS		signature re		OFFICERS AND D	DIRECTO	RS IN 12
Signature, typed or printed name of registered ag OFFICERS A	ND DIRECTORS	13.	signature re		OFFICERS AND D		
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14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)