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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

EP INVESTMENTS, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$80814

(4)

## FILED May 05 1997 8:00am Secretary of State

Principal Place	of Business	Mailing Address	Mailing Address						
4400 BAYOU BLVD. SUITE 6-B PENSACÒLA FL 32503		4400 BAYOU BLVD. Suite 6-B Pensacola Fl. 32503-2673						·	
						3. Date Incorporated or Qualified 09/13/1991 03/22/1996		•	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				<b>62-1477787</b> Not Applicab			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζιρ <b>29</b>	Gountry <b>30</b>			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
FLEM	ING, EDWARD P			B1 N	Name				
	BAYOU BLVD. : 12&13			<b>32</b> 5	Street Addre	ss (P.O. Box Number is Not Acceptab	ole)		
PENS	ACOLA FL 32503		İ	33					
			T	84	City		FL	85 Zip Code	
office or reg	the provisions of Sections 607.0 gistered agent, or both, in the St familiar with, and accept the ob-	ate of Horida. Such change	e was authorized	by th	amed corpo e corporatio	oration submits this statement for the point's board of directors. I hereby acception	ourpose c	of changing its registered pointment as registered	
SIGNATURE 5	gnature, typed or printed name of registered	agent and lifte dispole able	(NOTL Fir gistored	 Agerts	gnature requires	d whors reinstating)	DATE		

12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ ☐ Change Addition 1170CE TIPPENS, GARY NAME 12 NAME 4400 BAYOU BLVD., SUITE 6-B STREET ADDRESS 13 STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP 1.4.0(1Y+S1+7)P ☐ DELFTE TITLE Change \_\_\_ Addition NAME 2.2 NAME STREET ADDRESS 2 8 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - S1 - ZIP DELL'IE Change Addition TITLE 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1) Y - S1 - Z(f) DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELFTE 5.1 11116 Change Addition 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - \$1 - Z(F DITTE TITLE 6.1 THLE Change \_\_\_ Addition 6.2 NAME STREET ADDRESS 6 8 STRELL ADORESS CITY-ST-ZIP

14. I do 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 logal 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.

SIGNATURE:

4-10.97