FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **S84484** **(2)**

1. Corporation Name
SABRA CORPORATION

Principal Place of Business
621 E. CHASE STREET
PENSACOLA FL 32501
US

Mailing Address
621 E. CHASE STREET
PENSACOLA FL 32501
US

3. Date Incorporated or Qualified: 10/01/1991
3a. Date of Last Report: 06/01/1995
4. FEI Number: 59-3189634 ☐ 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

2. Principal Place of Business
21 700 E. Gregory St
22 Suite, Apt #, etc
23 City & State: Pensacola FL
24 Zip: 32501 25 Country: U.S.

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
ADCOX, GERALD W.
621 EAST CHASE STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 700 East Gregory St
83
84 City: Pensacola FL 85 Zip Code: 32501

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Gerald W. Adcox — Signature, typed or printed name of registered agent and title if applicable — DATE: 4-30-96

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ADCOX, GERALD W., JR.	
STREET ADDRESS	3338 CHANTARENE DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DS	☐ DELETE
NAME	ADCOX, VICTORIA H.	
STREET ADDRESS	3338 CHANTARENE DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SV	☐ DELETE
NAME	RENTSCHLER, PETER F.	
STREET ADDRESS	10 MOUNT SUSITNA CT	
CITY-ST-ZIP	SAN RAFAEL CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	Adcox, Gerald W. Jr.	
1.3 STREET ADDRESS	3103 Brittany Trace	
1.4 CITY-ST-ZIP	Pensacola FL	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	3103 Brittany Trace	
2.4 CITY-ST-ZIP	Pensacola FL 32504	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	4103 Brittany Place	
3.4 CITY-ST-ZIP	Pensacola FL 32504	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-30-96 — Daytime Phone #: 904 469-1290

CR2E034 (12/95)