

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90174 008 ***158.75

DOCUMENT # S85650

1. Entity Name
PREBLE-RISH, INC.



Principal Place of Business
**301 E 1ST STREET
3RD FLOOR
PORT SAINT JOE FL 32456
US**

Mailing Address
**P.O BOX 639
PORT SAINT JOE FL 32457
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3089125**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIBSON, THOMAS S.
303 4TH STREET
PORT ST JOE FL 32456**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **PREBLE, GREGORY S.**
STREET ADDRESS **6631 PISGAH CHURCH RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **V/S** ☐ Change ☒ Addition
NAME **Kennedy, William J.**
STREET ADDRESS **1612 Monument Avenue**
CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE **V** ☒ Delete
NAME **RISH, RALPH P.**
STREET ADDRESS **450 BLAKE DR**
CITY-ST-ZIP **WEWAHITCHKA FL 32465**

TITLE **V/T** ☐ Change ☒ Addition
NAME **Forehand, Christopher B.**
STREET ADDRESS **1409 Inverness Road**
CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE **V** ☐ Delete
NAME **JONES, PHILIP A**
STREET ADDRESS **505 NAUTILUS DRIVE**
CITY-ST-ZIP **PORT SAINT JOE FL 32456**

TITLE **P** ☒ Change ☐ Addition
NAME **Jones, Philip A.**
STREET ADDRESS **505 Nautilus Drive**
CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **Knauer, Clifford L.**
STREET ADDRESS **110 Golf Club Drive**
CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **Kennedy, David C.**
STREET ADDRESS **140 Betty Drive**
CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/03 (850) 227-7200

Date

Daytime Phone #

CR2E034 (10/02)