6. Nam ACOBS, ANTHON 100 SYCAMORE	OT WRITE	Mailing Address P.O. BOX 12924 PENSACOLA, FL		Secretary 01142008 No Chg-P CR2E034 (11/05)		
DO SYCAMORE NSACOLA, FL 3250 DO N 6. Nam ACOBS, ANTHON 100 SYCAMORE	OT WRITE	P.O. BOX 12924 PENSACOLA, FL		01142008 No Chg-P CR2E034 (11/05)		
6. Nam ACOBS, ANTHON 100 SYCAMORE	e and Address of Current R	IN THIS	SPACE	01142008 No Chg-P CR2E034 (11/05)	(111) IC (111) ,	
COBS, ANTHON	· · · · · · · · · · · · · · · · · · ·			01142008 No Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent ACOBS, ANTHONY 100 SYCAMORE DR. ENSACOLA, FL 32503				DO NOT WRITE IN THIS SPACE		
GNATURE Signature, type	d or printed name of registered agent an IFEE IS \$150.00 D8 Fee will be \$550.00 OFFICERS AND C	9 Election (Trust Fun	Campaign Financing	Salure required when reinstating) DATE S5.00 May Be Added to Fees		
E PD ME JACOBS 5100 SY Y-ST-2IP PENSAC	CAMORE DR. COLA, FL 32503			U00000733852 01/30/08-80083-022 15	0.00	
AE EET ADDRESS (- ST - ZIP .E AE		<u>.</u>				
EET ADDRESS /-ST-ZIP E AE EET ADDRESS (-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN THIS SPACE		
LE AE EET ADDRESS Y-ST-ZIP	4+. 			· · · · · · · · · · · · · · · · · · ·		
E AE EET ADDRESS (-ST-ZIP I heroby certify that I indicated on this rep	e information supplied with t	his filing days not qu	alify for the exemptions	contained in Chapter 119, Florida Statutes. I further certify that the in have the same legal effect as if made under oath; that I am an officer of hapter 607, Florida Statutes; and that my name appears in Block 10 or	iformation or director	

.

.