SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business	Mailing Address
6119 N. PALAFOX ST. PENSACOLA FL 32503 US	6119 N. PALAFOX ST. PENSACOLA FL 32503 US

FILED Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90018 008 ***150.00

Principal Place of Business Mailing Address
Principal Place of Business Mailing Address
PENSACOLA FL 32503 US Solida Apt. 45 stoc. Solida Apt. 45 stoc.
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2. Principal Place of Business 2a, Malling Address 2a MLO W. Out or Mile Rd 4. FEI Number Applied For So-31444440 Suite. Apt. 4. etc. 59-31444440 Suite. Apt. 4. etc. 59-31444440 Suite. Apt. 4. etc. 59-31444440 Fee Required For Not Applied For City & State 27 59-31444440 Fee Required For Required For Registered Agent 55.00 May 8 Added to Fees 28 PLDS a Ula FL Country 29 Country 29 25 29 32-5320 30 Exclambia Intrapolation was the current year Intrapolation Personal Property 40 40 40 40 40 40 40 4
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28 25 28 32.530 30 ESCAMBLA Intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 12. 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 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, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, Spad or printed name of impletered agent and tile if spolicable. (NOTE Regulated Agent signature required when religible to printed Part of the purpose of changing its registered agent, and the registered agent agent, and the state of the provisions of section 607.0505, Florida Statutes. SIGNATURE DATE
10. Name and Address of New Registered Agent 10. Name 10.
LORREN, LONNIE D 98 E. GARDEN ST. STE A PENSACOLA FL 32501 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 807.1508. 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 office or registered agent, and state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent and state registered office statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE D DELETE 1.1 TITLE MANGE MANGRUM, JOE G119 N. PALAFOX STREET PENSACOLA FL 1.4 CITY-ST-ZIP PENSACOLA FL 1.5 Change Addition Addition Addition AMME MANGRUM, SARA 1.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE 2.2 LAWE 2.2 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.3 STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
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Agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE 12.
Signature, typed or printed name of registered agent and tible if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE
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indicated on this annual report or supplied with this limit 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 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:



597766-90018-8

July 1, 1999

Division of Corporations Annual Reports Filings PO Box 1500 Tallahassee FL 32302-1500

To Whom It May Concern:

I spoke with your office this morning and was advised to re-file the form and send another filing fee check.

I was also advised to ask you to waive any late fees applicable as I had sent the original report in a timely fashion. I was told that I would receive a refund for \$150.00 (the duplicate filing fee) as soon as the error was discovered and corrected.

I have enclosed a copy of the original report and you will note that I mailed it on 4/6/99 along with check # 5559. As of this morning, that check had not cleared the bank.

If you have any questions or concerns, please call 850-476-9112.

Thank you for your attention to this matter.

Sincerely,

Howela Wheelis
Office Manager