2001	I UNIFORM BUSII	NESS REDO	RT (IDA)	- J pg/of2:	
DOCUMENT# V71853					
MAJORCO OF PENSACOLA, INC.		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2		FILED	
Principal Place 6856 FOXCH PENSACOLA US		Mailing Address 6856 FOXCHASE CIRCLE PENSACOLA FL 32506 US	Ē	SECRETARY OF STATE TALLAHASSEE, FLORIÐA	
2. Principal P	lace of Business	3. Mailing Address		I RBAIT BAIDH TABOL TABOL TOUGH BIRER HIM DUDIF BABAK BADUF BYOK BADU TYBAK TOUR	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	e	City & State		4. FEI Number 59-3183063 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
WALCO INC. 3201 N. PALAFOX ST PENSACOLA FL 32505 Street Address of Current Registered Agent Name Name					
SIGNATURE .	Signature, typed or printed name of registrated agent and pration is eligible to satisfy its Intangible	Title if applicable (ptg)	E: Registered Agent signature requi	10 Flection Campaign Financing	
Tax filing requirement and elects to do so. (See criteria on back)		After September 12, 2001 Fee will be \$750. Make Check Payable to Department of State		Trust Fund Contribution. Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PST MAJORS, CHERRY A 6856 FOXCHASE CIR PENSACOLA FL 32506	RECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition 10004749211—0 -01/03/0201049027 *****150.00 A****150.00 Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEMONOCEN I E GESCO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	****150.00 ****150.00 &	
TITLE NAME STREET ADDRESS CITY_ST_ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***************************************	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	. Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition	
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND WED OR PRINTED NAME OF SIGNATURE OF DIRECTOR					

OU Not Demore: Detalier 10, 2001 (Pg2 attention. I just about had a heart attack rolen I came buch home and opened my mail and read my Business Report was to be clist sheet Place a sister in a wholehin that has had 2 stokes and had to have care of her of carnot put in a nursing home, no one else will help the leves motion A carnet pay any addition feesthe My livether gave me The 150.00 he wants me to be able to work and use my carporation of carnet tell you the state of med fan in. Rlesse accept the \$ 100.00 and allow my Corporation to be legal if if had the money fiveuld pendit frequence 452.00 Journ Security check and it doesn't pay my hills. Please don't dessalse my