

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H27504

**FILED**  
**Mar 12, 2020**  
**Secretary of State**  
**9551851338CC**

**Entity Name:** PENSACOLA POB INCORPORATED

**Current Principal Place of Business:**

1717 NORTH E ST  
SUITE 320  
PENSACOLA, FL 32501

**Current Mailing Address:**

1717 NORTH E STREET  
SUITE 320, ATTN: ELIZABETH CALLAHAN  
PENSACOLA, FL 32501 US

**FEI Number:** 59-2462399

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CALLAHAN, ELIZABETH  
1717 NORTH E ST  
STE 320  
PENSACOLA, FL 32501 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title P  
Name PORTER, JOHN  
Address 1717 NORTH E ST STE 320  
City-State-Zip: PENSACOLA FL 32501

Title SECRETARY  
Name CALLAHAN, ELIZABETH  
Address 1717 NORTH E ST  
SUITE 320  
City-State-Zip: PENSACOLA FL 32501

Title T  
Name GLEASON, MIKE  
Address 1717 NORTH E ST  
SUITE 320  
City-State-Zip: PENSACOLA FL 32501

Title OTHER  
Name MULLINS, JAN  
Address 1717 NORTH E ST  
SUITE 320  
City-State-Zip: PENSACOLA FL 32501

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAN MULLINS

**EXEC. ASST.**

**03/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date