| 127 PALAFOX P<br>SUITE 500<br>PENSACOLA, FI |   |                                |   |
|---|---|--------------------------------|---|
| The above named                             | entity submits this statement for the purpose of changing | its registered office or regis | tered agent, or both, in the State of Fle |
| SIGNATURE                                   | ATURE: STEPHEN R MOORHEAD                                 |                                |   |
|   | Electronic Signature of Registered Agent                  |                                |   |
| Officer/Director Detail :                   |   |                                |   |
| Title                                       | PRESIDENT, DIRECTOR                                       | Title                          | VP, DIRECTOR                              |
| Name  | RUSSENBERGER, RAY   | Name                           | HALFORD, DOUG                             |
| Address                                     | 895 SOUTH PALAFOX   | Address                        | 895 SOUTH PALAFOX                         |
| City-State-Zip:                             | PENSACOLA FL 32502  | City-State-Zip:                | PENSACOLA FL 32502                        |
| Title                                       | VP  |                                |   |
| Name  | WILKINSON, MEREDITH                                       |                                |   |
| Address                                     | 895 S PALAFOX ST  |                                |   |

895 SOUTH PALAFOX PENSACOLA, FL 32502 US

## FEI Number: 59-3404884

## Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R 127 PALAFOX PLACE SUI PEN

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: MEREDITH WILKINSON

City-State-Zip: PENSACOLA FL 32502

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

02/21/2020

02/21/2020 Date

Date

VP

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000045832

Entity Name: SEVILLE HARBOUR, INC.

## **Current Principal Place of Business:**

600 SOUTH BARRACKS ST PENSACOLA, FL 32502

**Current Mailing Address:**