

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H70851 (1)
 1. Corporation Name
PACE ENTERPRISES OF SANTA ROSA COUNTY, INC.



Principal Place of Business
236 SABINE DR. PENSACOLA FL 32561-5223

Mailing Address
236 SABINE DR. PENSACOLA FL 32561-5223

3. Date Incorporated or Qualified **08/08/1985** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

4. FEI Number **59-3050638** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PERMENTER, WILLIAM D.
236 SABINE DRIVE
PENSACOLA BCH. FL 32561

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. 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 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 agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERMENTER, GREGORY S.	
STREET ADDRESS	81 STEEPLECHASE DR.	
CITY-ST-ZIP	JACKSON TN	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PERMENTER, SR. W	
STREET ADDRESS	236 SABINE DR.	
CITY-ST-ZIP	PENSACOLA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERMENTER, ROBERT D.	
STREET ADDRESS	236 SABINE DR.	
CITY-ST-ZIP	PENSACOLA BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERMENTER, STEPHANIE D.	
STREET ADDRESS	236 SABINE DR.	
CITY-ST-ZIP	PENSACOLA BCH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PERMENTER, ELIZABETH A.	
STREET ADDRESS	236 SABINE DR.	
CITY-ST-ZIP	PENSACOLA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental 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: *Gregory S. Permenter* 1/15/97 (904) 892-2103
 _____ Date Daytime Phone #

CR2E034 (9/96)