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

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000068095 (5)

L 5006 INVESTMENTS, INC.

Principal Place of Business Mailing Address 5006 N DAVIS HWY 5006 N DAVIS HWY PENSACOLA FL 32503 PENSACOLA FL 32503-2345 3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1995 05/14/1996 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3333576 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199 032, Florida Statutes Yes No 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEWIS, ROBERT E JR 5006 N DAVIS HWY 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. Signature, type dior pointed name of registered agent and trie if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE 1011 LEWIS, ROBERT E JR NAV. 1.2 NAME 5006 N DAVIS HWY 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 1.4 CITY-ST-ZIP CHY-ST 73 DELETE Change Addition 2.1 TITLE NAM 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CHY-S1-26 DELETE Change Addition 111.6 3.1 TITLE 3.2 NAME MAMI 33 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP Addition DELETE 4 1 THILE Change TITLE NAM: 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY - \$1 - 70 4.4 CITY-ST-ZIP DELETE Addition Change 101.5 5 1 TITLE 52 NAME 5 3 STREET ADDRESS STREET ADDRESS OTY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE ☐ Change Addition 1000 6.2 NAME LW. STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. If 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

May 13 1997 8:00am

Secretary of State