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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 713011 (5)

1. Corporation Name

PANAMA CITY SWIM AND TENNIS CLUB, INC.

Principal Place of Business	Mailing Address
HWY 390 P O BOX 38 LYNN HAVEN FL 32444	HWY 390 P O BOX 38 LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1967
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1541883 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. **Name and Address of Current Registered Agent**

TAYLOR, LOUISA
212 VIRGINIA AVE
LYNN HAVEN FL 32444

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☒ Change ☐ Addition
NAME	~~GUSMUS, MARK~~	12 NAME	
STREET ADDRESS	~~1700 NEW JERSEY~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~LYNN HAVEN FL 32444~~	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	BASSETT, KAREN	22 NAME	
STREET ADDRESS	2843 FEROL LANE	23 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, LOUISA	32 NAME	
STREET ADDRESS	272 VIRGINIA AVE	33 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PERCY, PAM	42 NAME	
STREET ADDRESS	3010 W. 20TH COURT	43 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	44 CITY-ST-ZIP	
TITLE	~~DV~~ T	51 TITLE	T ☒ Change ☐ Addition
NAME	SCOTT, BONNIE	52 NAME	SCOTT, BONNIE
STREET ADDRESS	2134 HEINTZ DR.	53 STREET ADDRESS	2134 Heitz DR
CITY-ST-ZIP	PANAMA CITY FL	54 CITY-ST-ZIP	PANAMA City, FL. 32405
TITLE	VP	61 TITLE	DV ☐ Change ☒ Addition
NAME	~~wyn~~ AYARS, WYN	62 NAME	AYERS, WYN
STREET ADDRESS	2121 SHAMROCK LN.	63 STREET ADDRESS	2121 SHAMROCK LN.
CITY-ST-ZIP	LYNN HAVEN, FL. 32444 5-1	64 CITY-ST-ZIP	LYNN HAVEN, FL. 32444 [illegible]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louisa Taylor Louisa Taylor 1-30-95 (904) 265-9424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #