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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756215** (0)

1. Corporation Name

PANAMA CITY GEM & MINERAL SOCIETY, INC.



Principal Place of Business

Mailing Address

% ALLEN ZAR
1204 E. THIRD ST.
PANAMA CITY FL 32401

% ALLEN ZAR
1204 E. THIRD ST.
PANAMA CITY FL 32401-3742

3. Date Incorporated or Qualified **02/05/1981** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

BANE, CURTIS G
911 BRANDEIS AVENUE
PANAMA CITY FL 32401

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 617.0502 and 617.1508, 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 617.0503, 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEEKLEY, ROBERT	
STREET ADDRESS	207 N. CHURCH AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SHIPTON, STEVE	
STREET ADDRESS	5113 E 13TH ST.	
CITY-ST-ZIP	SPRINGFIELD FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LAPENSOHN, CAROLE	
STREET ADDRESS	15211 HWY 77	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHIPTON, STEVEN	
1.3 STREET ADDRESS	5113 E 13th CT	
1.4 CITY-ST-ZIP	PANAMA CITY, FL 32404-3206	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALLDREDGE, RUTH	
2.3 STREET ADDRESS	316 CHERRY ST	
2.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCHINGS, JANIE G.	
3.3 STREET ADDRESS	224 COLLINFURST SQ	
3.4 CITY-ST-ZIP	PANAMA CITY, FL 32404-8530	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HUMPAL, BILL	
4.3 STREET ADDRESS	1510 HARVARD BLVD	
4.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444-3330	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JANIE G. SCHINGS** SECRETARY *Janie G. Schings* 18 APRIL 904-283-3087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0008385

CR2E037 (9/96)