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

Mailing Address

% JOHNNY D. BRANCH 2824 BRIARCLIFF RD.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H32603**

Principal Place of Business

% JOHNNY D. BRANCH

2824 BRIARCLIFF RD.

BRANCHS OF PANAMA CITY, INCORPORATED

PANAMA CITY FL 32405		PANAMA CITY FL 32405				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						12/05/1984			
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26				59-2952321		_ No	ot Applicable
	#, etc	Suite, Apt. #, etc.	•						Additional
22		27				5. Certifcate of Status Desired	`		equired
City & State	e	City & State				6. Election Campaign Financing	F-7	\$5.00	May Be
23	•	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the curr	ent year Inta	ngible	
24	25	29 3	٥			Personal Property Tax.	-	Yes	□No
<u> </u>	9. Name and Address of Current	<u> </u>				10. Name and Address of New F	Registered A	lgent	
			81	1 N	lame				
BRANCH, JOHNNY D.				DO CO AND CO					
2824 BRIARCLIFF RD.			82	2 S	treet Addres	ss (P.O. Box Number is Not Accepta	iole)		
PANAMA CITY FL 32405			8:	3					
			ا ا						
			84	4 C	City		FL	85 Zip	Code
44 5	to the provisions of Sections 607.0502	and 607 1509 Florida Statutos	the abov	V9-03	amed comor	ration submits this statement for the	ourpose of o	hanging its	registered
office or r	enistered agent, or both, in the State (of Florida. Such change was auti	norized bi	v the	corporation	's board of directors. I hereby accep	t the appoin	tment as re	egistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statute	es.					
SIGNATURE							DATE		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS			Registered Agent signature require 13.		ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12
12.		D DIRECTORS DELETE	1.1 TITLE			ADDITIONS/GRANGES TO OF	TOLINO AIN	Change	Addition
TITLE	TD	☐ DECE IE							٠.٠٠٠٠١١
NAME	BRANCH, BRENDA D		1.2 NAME						
STREET ADDRESS	2824 BRIARCLIFF RD.		1.3 STRE						
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-					□ C!: · · · ·	
TITLE	PS	☐ DELETÉ	2.1 TITLE					☐ Change	☐ Addition
NAME	BRANCH, JOHNNY D		2.2 NAME	Ē			•		
STREET ADDRESS	2824 BRAIRCLIFF RD		2.3 STRE	ET ADO	DRESS	_	_		
CITY-ST-ZIP	PANAMA CITY FL	· -	2.4 CITY-	- \$T- ZII	P				· · ·
TITLE		☐ DELETE	3.1 TITLE	:				☐ Change	☐ Addition
NAME			3.2 NAME	Ε					
STREET ADDRESS			3.3 STRE	ET ADE	DRESS				
CITY-ST-ZIP			3.4. CITY-			•			
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME		and a	4. 2 NAM						
			4.3 STRE		DRESS				
STREET ADDRESS			4.4 CITY-						
CITY-ST-ZIP		☐ DELETE	5.1 TITLE				-	Change	[] Addition
TITLE		□ vccrir	5.1 THE						
NAME			5.3 STRE		NDESS				
STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY -	_	2			<u> </u>	
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME		1				
STREET ADDRESS			6.3 STRE	ET AD	DRESS				
CITY-ST-ZIP			6.4 CITY-	-ST-ZIF	P				

14. I 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 chapter 6, or on an attachment with an address, with all other like empowered. **SIGNATURE**

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90075 015 ***150.00

DO NOT WRITE IN THIS SPACE