

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90070 027 ***150.00

DOCUMENT # H32603
 1. Entity Name
BRANCHES OF PANAMA CITY, INCORPORATED

Principal Place of Business % JOHNNY D. BRANCH 2824 BRIARCLIFF RD. PANAMA CITY FL 32405	Mailing Address % JOHNNY D. BRANCH 2824 BRIARCLIFF RD. PANAMA CITY FL 32405-4340
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2952321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRANCH, JOHNNY D.
2824 BRIARCLIFF RD.
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	BRANCH, BRENDA D	
STREET ADDRESS	2824 BRIARCLIFF RD.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	BRANCH, JOHNNY D	
STREET ADDRESS	2824 BRAIRCLIFF RD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete
NAME	<i>Julie K Branch</i>	
STREET ADDRESS	<i>2824 Briarcliff Rd</i>	
CITY-ST-ZIP	<i>Panama Fl</i>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: *Johnny D. Branch* **JOHNNY D. BRANCH** **3/11/00** **850-763-8582**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)