

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90091 008 ***150.00

DOCUMENT # H44627

1. Entity Name

SEGERS, SOWELL & STEWART, P.A.

Principal Place of Business

C/O JERRY F SOWELL JR
 958 JENKS AVENUE
 PANAMA CITY FL 32401
 US

Mailing Address

C/O JERRY F SOWELL JR
 958 JENKS AVENUE
 PANAMA CITY FL 32401-2534
 US

2. Principal Place of Business

626 Luverne Avenue

Suite, Apt. #, etc.

3. Mailing Address

626 Luverne Avenue

Suite, Apt. #, etc.

City & State

Panama City

City & State

Panama City

4. FEI Number

59-2500568

Applied For

Not Applicable

Zip

32401

Country

US

Zip

32401

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SOWELL JR, JERRY F
 958 JENKS AVE
 PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

Jerry F. Sowell, Jr.

Street Address (P.O. Box Number is Not Acceptable)

626 Luverne Avenue

City

Panama City

FL

Zip Code

32401

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 **Jerry F. Sowell, Jr.**

P

3/13/00

Signature, typed or printed name of registered agent and title if applicable.

(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	V	<input type="checkbox"/> Delete
NAME	STEWART, KENNETH R	
STREET ADDRESS	958 JENKS AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SEGERS, WANDA B.	
STREET ADDRESS	958 JENKS AVENUE	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	626 Luverne Avenue	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	626 Luverne Avenue	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John D. Johnson	
STREET ADDRESS	626 Luverne Avenue	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 like empowered.

SIGNATURE:

Wanda B. Segers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wanda B. Segers-S

3/13/00

Date

Daytime Phone #

CRPF034 (9/99)