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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR -7 PM 1:46

DOCUMENT # N23652 (3)

1. Corporation Name

PANAMA CITY BEACH VISITOR AND CONVENTION BUREAU, INC.

Principal Place of Business	Mailing Address
~~415 BECKRICH ROAD~~ ~~STE. 205~~ PANAMA CITY BEACH FL 32407 US	PO BOX 9473 PANAMA CITY BEACH FL 32417-9473

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1987
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2866130 ☐ 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	2a. Mailing Address
21 12015 FRONT BEACH RD.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PANAMA CITY BEACH, FL	City & State 28
Zip / Country 24 32407 / 25 USA	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASON, TOM ~~415 BECKRICH ROAD~~ ~~STE. 205~~ PANAMA CITY BEACH FL 32407	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12015 FRONT BEACH ROAD 83 84 City PANAMA CITY BEACH FL 85 Zip Code 32407

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: Tom Cason — TOM CASON — 2-6-95
Signature required 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	C	1.1 TITLE	☑ Change ☐ Addition
NAME	LANCASTER, REGGIE	1.2 NAME	
STREET ADDRESS	~~415 BECKRICH ROAD, #205~~	1.3 STREET ADDRESS	12015 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMAA CITY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	~~COERT~~, GINA	2.2 NAME	COVERT, GINA
STREET ADDRESS	~~415 BECKRICH ROAD #205~~	2.3 STREET ADDRESS	12015 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	SWICORD, HANK	3.2 NAME	
STREET ADDRESS	~~415 BECKRICH RD #205~~	3.3 STREET ADDRESS	12015 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	HURST, RICK	4.2 NAME	
STREET ADDRESS	~~415 BECKRICH ROAD #205~~	4.3 STREET ADDRESS	12015 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	ANDERSON, CARL	5.2 NAME	
STREET ADDRESS	~~415 BECKRICH ROAD #205~~	5.3 STREET ADDRESS	12015 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KAYLOR, KENNETH	6.2 NAME	
STREET ADDRESS	~~415 BECKRICH ROAD #205~~	6.3 STREET ADDRESS	12015 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH FL	6.4 CITY-ST-ZIP	

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)(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.

904-234-2232

SIGNATURE: REGGIE LANCASTER 2-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026722