SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 26, 1999 8:00 am
Secretary of State
08-26-1999 90013 024 ****61.25

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DOCUMENT # N96000004321

1. Corporation Name
PANDA OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business	Mailing Address
3802 HIGHVIEW ROAD SEFFNER FL 33584	3802 HIGHVIEW ROAD SEFFNER FL 33584

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/14/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3410094 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ANDERSON, CHARLOTTE I
3802 HIGHVIEW ROAD
SEFFNER FL 33584

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, DANNELL		1.2 NAME	
STREET ADDRESS	1811 OAK ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584		1.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, BETTY		2.2 NAME	
STREET ADDRESS	3804 HIGH NOW RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN-KONYHA, JACKIE		3.2 NAME	
STREET ADDRESS	202 HERITAGE LN, #405		3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		3.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, DORIS		4.2 NAME	
STREET ADDRESS	1811 OAK ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, JULIA		5.2 NAME	
STREET ADDRESS	3804 HIGHVIEW RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KIRKLAND, MANCY		6.2 NAME	
STREET ADDRESS	323 TITIAN ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584		6.4 CITY-ST-ZIP	

CR2E037 (5/99)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlotte I Anderson SIGNATURE REQUIRED Aug. 15, 1999 727-540-770(
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charlotte I Anderson