

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mertham
Secretary of State

1995

5-17-95 B-6968 M.C.

APPROVED
AND
FILED

95 MAY 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080090 (1)

1. Corporation Name

PHOENIX OF BAY COUNTY, INC.

Principal Place of Business

6717 BROWARD ST
PANAMA CITY BEACH FL 32408

Mailing Address

6717 BROWARD ST
PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created

10/28/1994

3a. Date of Last Report

2. Principal Place of Business

21

2b. Mailing Address

26

4. FFI Number

59-3278410

Applied For

Not Applicable

22. State Apt. # etc.

22

27. State Apt. # etc.

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23. City & State

23

28. City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for admissible tax under S. 199.032,
Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

SLOAN, TIMOTHY J
427 MCKENZIE AVE
PANAMA CITY FL 32401

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 607.0812 and 607.1509, Florida Statutes, the above named corporation certifies the 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 Sections 607.0812, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when changing registered agent)

Signature of Registered Agent (Required when changing office)

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

NAME

D
ANDERSON, JERRY C
6717 BROWARD ST
PANAMA CITY BEACH FL 32408

1. NAME

Change Addition

STREET ADDRESS

2. STREET ADDRESS

CITY

3. CITY

Change Addition

STATE

4. STATE

ZIP CODE

5. ZIP CODE

Change Addition

NAME

6. NAME

STREET ADDRESS

7. STREET ADDRESS

CITY

8. CITY

Change Addition

STATE

9. STATE

ZIP CODE

10. ZIP CODE

Change Addition

NAME

11. NAME

STREET ADDRESS

12. STREET ADDRESS

CITY

13. CITY

Change Addition

STATE

14. STATE

ZIP CODE

15. ZIP CODE

Change Addition

NAME

16. NAME

STREET ADDRESS

17. STREET ADDRESS

CITY

18. CITY

Change Addition

STATE

19. STATE

ZIP CODE

20. ZIP CODE

Change Addition

NAME

21. NAME

STREET ADDRESS

22. STREET ADDRESS

CITY

23. CITY

Change Addition

STATE

24. STATE

ZIP CODE

25. ZIP CODE

Change Addition

NAME

26. NAME

STREET ADDRESS

27. STREET ADDRESS

CITY

28. CITY

Change Addition

STATE

29. STATE

ZIP CODE

30. ZIP CODE

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked and ready for the acceptance stated in Sections 11.032(1)(b), 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 in person. I am an officer or director of the corporation or the recorder or business agent named herein on this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE:

Jerry C Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1995

STATE FORM 8