

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000082588

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC1752036402**

**Entity Name:** CTC CORPORATION OF PANAMA CITY

**Current Principal Place of Business:**

1398 WEST 15TH STREET  
PANAMA CITY, FL 32401

**Current Mailing Address:**

PO BOX 15908  
PANAMA CITY, FL 32406

**FEI Number:** 59-3535776

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLIAMS, JACK G  
502 HARMON AVE.  
PANAMA CITY, FL 32401 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            D  
Name            CAULKINS, TOM  
Address        1398 WEST 15TH STREET  
City-State-Zip: PANAMA CITY FL 32401

Title            D  
Name            CAULKINS, CAROLYN  
Address        1398 WEST 15TH STREET  
City-State-Zip: PANAMA CITY FL 32401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAROLYN CAULKINS

**DIRECTOR**

**01/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date