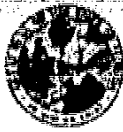


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Dorinda B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 274403 (5)

1. Corporation Name

**SMALL BUSINESS ASSISTANCE CORPORATION OF PANAMA
CITY, FLORIDA**

Principal Place of Business

**2612 W 15TH ST
PO BOX 1627
PANAMA CITY FL 32402**

Mailing Address

**2612 W 15TH ST
PO BOX 1627
PANAMA CITY FL 32402**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/04/1963

3a. Date of Last Report

04/06/1994

4. FEI Number

59-1050767

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**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, CHARLES S
2004 W 23RD CT
PANAMA CITY, FL
32405**

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 607.0502 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

Signature, typed 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
LINDSEY, NANCY
1020 VENETIAN WAY
PANAMA CITY, FL 00000**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILSON, OLIN
326 GREENWOOD CIR
PANAMA CITY, FL 00000**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
ARNOLD, J R
5024 MAGNOLIA BCH DR
PANAMA CITY, FL 00000**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CRISP, DONALD
731 DRIFTWOOD DR
LYNN HAVEN, FL 00000**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GIRARD, CLEMENS
518 BUNKERS COVE RD
PANAMA CITY, FL 00000**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SMITH, CHARLES S
2004 W 23RD CT
PANAMA CITY, FL 00000**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 of this report if it changed for an annual report with an address.

SIGNATURE:

Charles S. Smith **CHARLES S. SMITH**

4/26/95

904-785-9577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number