

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **274403** (5)

1. Corporation Name

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



Principal Place of Business

Mailing Address

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

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PO BOX 1627
PANAMA CITY FL 32402**

3. Date Incorporated or Qualified 10/04/1963	3a. Date of Last Report 04/28/1995
4. FEI Number 59-1050767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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	S	<input type="checkbox"/> DELETE
NAME	LINSEY, NANCY	
STREET ADDRESS	1020 VENETIAN WAY	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, OLIN	
STREET ADDRESS	326 GREENWOOD CIR	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, J R	
STREET ADDRESS	5024 MAGNOLIA BCH DR	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRISP, DONALD	
STREET ADDRESS	731 DRIFTWOOD DR	
CITY-ST-ZIP	LYNN HAVEN, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIRRARD, CLEMONS	
STREET ADDRESS	518 BUNKERS COVE RD	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, CHARLES S	
STREET ADDRESS	2004 W 23RD CT	
CITY-ST-ZIP	PANAMA CITY, FL 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Charles Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

904-785-9577

CR2E034 (12/95)