

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 290152 (8)

1. Corporation Name

SUN DIAL OF WEST PANAMA CITY BEACH, INC.

Principal Place of Business

15625 FRONT BEACH RD
PANAMA CITY BEACH FL 32413

Mailing Address

15625 FRONT BEACH RD
PANAMA CITY BEACH FL 32413



2. Principal Place of Business

21 Subst. Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

RUSSELL, FRANK M.
15625 FRONT BEACH ROAD
PANAMA CITY FL 32413

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 607.0617 and 607.1601, 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY-STATE-ZIP	DELET
DP RUSSELL, M. L.	362 MOONLIGHT BAY DR.	PANAMA CITY FL	☐
DST RUSSELL, F.M.	362 MOONLIGHT BAY DR.	PANAMA CITY FL	☐
DV RUSSELL, D.C.	364 MOONLIGHT BAY DRIVE	PANAMA CITY FL	☐
D DAVIS, L.S.	356 EAGLE DRIVE	PANAMA CITY FL	☐
D GAY, T.A.	3575 RIDDICK COURT	PENSACOLA FL	☐

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY-STATE-ZIP	DELET	Change	Addition
11 NAME	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 NAME	16 NAME
17 NAME	18 NAME	19 STREET ADDRESS	20 CITY-STATE-ZIP	21 NAME	22 NAME
23 NAME	24 NAME	25 STREET ADDRESS	26 CITY-STATE-ZIP	27 NAME	28 NAME
29 NAME	30 NAME	31 STREET ADDRESS	32 CITY-STATE-ZIP	33 NAME	34 NAME
35 NAME	36 NAME	37 STREET ADDRESS	38 CITY-STATE-ZIP	39 NAME	40 NAME
41 NAME	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	45 NAME	46 NAME
47 NAME	48 NAME	49 STREET ADDRESS	50 CITY-STATE-ZIP	51 NAME	52 NAME
53 NAME	54 NAME	55 STREET ADDRESS	56 CITY-STATE-ZIP	57 NAME	58 NAME
59 NAME	60 NAME	61 STREET ADDRESS	62 CITY-STATE-ZIP	63 NAME	64 NAME

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of this corporation or the registered agent or broker employed 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 attached list with an address.

SIGNATURE: Frank M. Russell *Frank M. Russell* Sec-Treas 3-25-96 9042343369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)