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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

1990

. Corporation		(-)				
C B CORPORATION OF PANAMA CITY Trincipal Place of Business Mailing Address						
313 INDIANA P. O. BOX 1 LYNN HAVEN	60	313 INDIANA AVE. P. O. BOX 160 LYNN HAVEN FL 32	444	Date Incorporated or Qualified	3a. Date of Last	Report
				03/25/1966	04/04/1	•
Frincipal Ma	ace of Business	2a. Mailing Address 26		4. FEI Number		Applied For
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		59-1144199	60.7	Not Applicable 5 Additional
		27		5. Certificate of Status Desired		Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for in	intangible tax under :	
	9. Name and Address of Curre	29 Agent	[30]		□ No	
		Trogistorou rigetti	81 Name	10. Name and Address of New R	egistered Agent	
SCHILLI	NG JR,FRANK R		82 Street A	ddress (P.O. Box Number is Not Acceptable	lo)	
	iana ave.			address (F.O. Box Number is Not Acceptable	iej	
LYNN H	AVEN FL 32444		83			
			84 City		FL 85 Z	ip Code
Pursuant to or registers familiar with	o the provisions of Sections 607,050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	02 and 607.1508, Florida Statu rida. Such change was author ction 607.0505, Florida Statute	utes, the above-named corrized by the corporation's best.	poration submits this statement for the purpopard of directors. I hereby accept the appo		registered offic d agent. I am
famil ar with	h, and accept the obligations of, Sec Styrature, typical or printed hance of registered again	ction 607.0505, Florida Statute	utes, the above-named corrized by the corporation's bess. NOTE Registered Agent's gnature req. 13.	poard of orectors. Thereby accept the appo	pose of changing its pintment as registere DATE	d agent. I am
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED IN THE DESIGNING OFFICER OR DIRECTOR

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