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Mar 06, 1999 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

03-06-1999 90124 021 ***150.00

DOCUMENT # 303286

1. Corporation Name C B CORPORATION OF PANAMA CITY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 313 INDIANA AVE. P. O. BOX 160 LYNN HAVEN FL 32444
Mailing Address 313 INDIANA AVE. P. O. BOX 160 LYNN HAVEN FL 32444

3. Date Incorporated or Qualified 03/25/1966
4. FEI Number 59-1144199 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 owes the current year Intangible Personal Property Tax. 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
SCHILLING JR,FRANK R
313 INDIANA AVE.
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent
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
TITLE P DELETED
NAME SCHILLING JR,FRANK R.
STREET ADDRESS 313 INDIANA AVE.
CITY-ST-ZIP LYNN HAVEN FL
TITLE S DELETED
NAME SCHILLING,SANDRA J.
STREET ADDRESS 313 INDIANA AVE.
CITY-ST-ZIP LYNN HAVEN FL
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: [Signature] DATE 2/27/99 850 265-9847

CR2E034 (11/98)