

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 443182 (1)

1. Corporation Name

DRY-B, INC.

Principal Place of Business

918 N TYNDALL PKY
PANAMA CITY FL 32404

Mailing Address

918 N TYNDALL PKY
PANAMA CITY FL 32404



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

THOMAS, POWELL A
519 NORTH TYNDALL PARKWAY
PANAMA CITY, FL
32404

3. Date Incorporated or Qualified

01/07/1974

3a. Date of Last Report

05/16/1995

4. FEI Number

59-1502817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Agent or Director

Signature of Agent or Director

Date

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

BYRD (ANDREW M.) JR

STREET ADDRESS

918 N TYNDALL PARKWAY

CITY-STATE-ZIP

PANAMA CITY FL

TITLE

SD

☐ DELETE

NAME

BYRD, PATRICIA T.

STREET ADDRESS

918 N TYNDALL PARKWAY

CITY-STATE-ZIP

PANAMA CITY FL

TITLE

D

☐ DELETE

NAME

BYRD, SHELLEY E

STREET ADDRESS

918 N TYNDALL PARKWAY

CITY-STATE-ZIP

PANAMA CITY FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-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:

Signature and Typed or Printed Name of Signing Officer or Director

3/18/96

Division of Corporations

CR2E034 (12/95)