

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **470354** (2)
1. Corporation Name
PANAMA PINES, INC.

Principal Place of Business CORNER C ROAD 2301 & BAY HEAD RD. POST OFFICE BOX 565 PANAMA CITY FL 32402	Mailing Address CORNER C ROAD 2301 & BAY HEAD RD. POST OFFICE BOX 565 PANAMA CITY FL 32402
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8728 CR 2301 Suite, Apt. #, etc. 22 City & State 23 Youngstown, FL. Zip 24 32466 Country 25 USA		2a. Mailing Address 26 P.O. Box 565 Suite, Apt. #, etc. 27 City & State 28 Panama City, FL. Zip 29 32402 Country 30 USA		3. Date Incorporated or Qualified 02/18/1975
		4. FEI Number 59-1895780		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MANN, JOHN L
130 EAST CENTRAL AVE
LAKE WALES FL 33853**

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, G W JR	12 NAME	G.W. Stewart, Jr.
STREET ADDRESS	CRNR.BAYHEAD&CO. RD 2301	13 STREET ADDRESS	8728 CR 2301
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	Youngstown, FL. 32466 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		21 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Gabe W. Stewart III
STREET ADDRESS		23 STREET ADDRESS	8728 CR 2301
CITY-ST-ZIP		24 CITY-ST-ZIP	Youngstown, FL. 32466 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 of this change of registered agent with my address.

SIGNATURE:

Gabe W. Stewart, III (850) 722-4556

CR2E034 (10/97)