

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **470354** ✓

1. Corporation Name

PANAMA PINES, INC.

Principal Place of Business

8728 CR 2301  
~~POST OFFICE BOX 565~~  
YOUNGSTOWN FL 32466  
US

Mailing Address

P O BOX 565  
POST OFFICE BOX 565  
PANAMA CITY F 3240  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1975

4. FEI Number

59-1895780

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. ☐ Yes ☐ 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

W. GERALD HAMM

82 Street Address (P.O. Box Number is Not Acceptable)

1007 JENKS AVE

83

84 City

PANAMA CITY

FL

85 Zip Code

32401

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 W. Gerald Hamm / Ledman, Hamm & Dreyer, P.A.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

7/7/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME STEWART, JR G  
STREET ADDRESS 8728 CR 2301  
CITY-ST-ZIP YOUNGSTOWN FL 32466

TITLE VP ☐ DELETE

NAME STEWART, GABE W. III  
STREET ADDRESS 8728 CR 2301  
CITY-ST-ZIP YOUNGSTOWN FL 32466

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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, 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

Date

Daytime Phone #

GABE W STEWART III 7/7/99 (86) 722-4556

FILED  
Jul 20, 1999 8:00 am  
Secretary of State

07-20-1999 90024 039 \*\*\*550.00



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CR2E034 (5/99)