2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # 506223 PANAMA CITY PROPERTIES, INC. 05-15-2000 90293 039 ***150.00 Principal Place of Business Mailing Address 12908 AIR WAY STREET **12908 AIR WAY ST** PANAMA CITY FL 32404-2833 PANAMA CITY FL 32404-2833 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FÉI Number 59-1674217 Not Applicable Żip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOUNG, JUDITH C Street Address (P.O. Box Number is Not Acceptable) 12908 AIR WAY STREET PANAMA CITY FL 32404-2833 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Change Addition Delete TITLE TITLE NAME YOUNG, DAVID F. NAME STREET ADDRESS **12908 AIR WAY ST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PANAMA CITY FL 32404-2833** Delete Change Addition NAME HUGHEY. BONNIE J. STREET ADDRESS 18495 S DIXIE HWY B102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 ■ Addition VS -☐ Delete TITLE TITLE: - - -YOUNG, JUDITH C NAME NAME STREET ADDRESS **12908 AIR WAY ST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404-2833 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7!P ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like exposered.

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