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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 579643 (8)
CHANDLER AND ASSOCIATES OF BANAMA CITY IN

FILED Jan 15 1998 8:00am Secretary of State

CHAN	DLER AND ASSOCIATES (OF PANAMA	CITY, INC.	•					
Principal Place of Business Mailing Address								bit eten eten 61	E4) 61411 4441
11 WEST 23RD STREET, SUITE D 11 WEST 23RD STREET, SUITE D									
PANAMA CITY FL 32405 PANAMA CITY FL 32405							DO NOT WRITE IN THIS	SPACE	
ĺ							3. Date Incorporated or Qualified		
							07/20/1978		-
2. Principal F	lace of Business	2a. Mailin	g Address				4. FEI Number		pplied For
21 26							59-1848323	—————·	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									Additional
22 27							5. Certificate of Status Desired		tequired
City & State City & State			State				6. Election Campaign Financing	\$5.00	May Be
23	28						Trust Fund Contribution		to Fees
Zip				untry		8. This corporation owes or has paid the c	urrent year In	tangible	
24	25 29 30					Personal Property Tax due June 30.		□No	
	9. Name and Address of Curre	ent Registered A	Agent		Ι.,		10. Name and Address of New Registere	i Agent	
CI	HANDLER, VICKI				81	Name			
11 WEST 23RD ST., SUITE D					82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32405						Ou cot / todate	ood (r.o. box ridinger is ridi ridoopiasie)		ļ
					83				
					84	City		OF 710	Code
					**	City	F	. 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508	3, Florida Statu	ites, the a	bove	-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing i	ts registered
agent. La	registered agent, or both, in the States Im familiar with, and accept the obli-	e of Florida. Suc dations of, Section	n cnange was on 607.0505, F	aumorize Iorida Sta	tutes	tue corboration	on's board or directors, I hereby accept the ap	pointment as	, registered
SIGNATURE	,								-
SIGNATORIE	Signature, typed or printed name of registered a	gent and life if applica	ble. (NO	TE. Registere	d Age	nt signature require	ed when reinstating) DATE		
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE			1.1 T	TLE			☐ Change	Addition	
NAME .	CHANDLER, RANDALL C			1.2 N	AME				;
STREET ADDRESS	1403 TROUT DRIVE			1.3 \$	TREET	ADDRESS			ļi
CITY - ST - ZIP	PANAMA CITY BEACH FL 3	32407		1.4 C	ITY-SI	r-zip			
TITLE	DELETE 2		2.1 T	ITLE	-		☐ Change	Addition C	
NAME	2.2 N		AME						
STREET ADDRESS	231		TREET	ADDRESS	:		- 1		
CITY-ST-ZIP	2,4		2, 4 0	ny-s	T- ZIP				
TITLE	DELETÉ 3.		3.1 TI	ITLE			☐ Change	Addition	
NAME	321		3.2 N	AME					
STREET ADDRESS	ODRESS 3.3		3.3 S	TREET .	ADDRESS				
CITY-ST-ZIP	3.4.		3.4. 0	ITY-S	T-ZIP				
TITLE			4.1 TI				☐ Change	Addition	
NAME				4. 2 N	IAME				ļ
STREET ADDRESS						ADDRESS			-
CITY - ST - ZIP					4.4 CITY - ST - ZI				j
TITLE			DELETE	5.1 TITLE				Change	Addition
NAME			_	5,2 N				-	
STREET ADDRESS				1		ADDRESS			ĺ
CITY-ST-ZIP				5.4 CITY-ST		1			l
				5 4 0	ייס - עדו				t
			DELETE	5.4 CI 6.1 TI		1-215		Change	Addition
TALE			DELETE	6.1 TI	TLE	1-ZIF		Change	Addition
TITLE NAME		<u> </u>	DELETE	6.1 TI 6.2 NJ	TLE AME			Change	Addition
TITLE NAME STREET ADDRESS			DELETE	6.1 TI 6.2 N 63 S	TLE AME TREET	ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	sertify that the information supplied	with this filina do		6.1 TI 6.2 N 63 S 6.4 C	TLE AME TREET (TY-ST	ADDRESS r-zip	Section 119.07(3)(ï), Florida Statutes. I further of e shall have the Same legal effect as if made u		

• Thereby certify that the information supplied with this fitting does not quality for the exemption stated in Section 119.07(5)(), Plotted statutes. This thereby certify that the linightance 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 changes, or on an attachment with an appears.

SIGNATURE:

MITTER BELLE BEOURE

1-6-97

904-769-9455