FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

Mailing Address

P.O. BOX 1100

PANAMA CITY FL 32402

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

% DAVID C. TIPTON, 501 W. 19TH ST

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 631482 1. Corporation Name

Country

JAMES D. OENBRINK, P.A.

Principal Place of Business

2. Principal Place of Business

PANAMA CITY FL 32402

Suite, Apt. #, etc.

City & State

P.O. BOX 1100

21

22

23

Zip

% DAVID C. TIPTON, 501 W. 19TH ST

24 25 30 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OENBRINK, JAMES D. 82 410 BUNKERS COVE ROAD Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 84 City 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITI F ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition OENBRINK, JAMES D. 1.2 NAME 410 BUNKERS COVE ROAD STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change ☐ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 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, with all other like empowered.

Country

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90020 018 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/01/1979 4. FEI Number Applied For 59-1942806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible

CR2E034 (11/98)

SIGNATURE:

. DENBAINK