

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:14

DOCUMENT # 644973 (0)
1. Corporation Name
PANAMA CITY BOAT YARD, INC.

Principal Place of Business Mailing Address
5129 NORTH LAGOON DRIVE **5129 NORTH LAGOON DRIVE**
PANAMA CITY FL 32408 **PANAMA CITY FL 32408**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/13/1979 **07/19/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1950470		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCAULEY, CARROLL L 2503 EAST THIRD ST. SPRINGFIELD FL 32401				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 fee applicable) Signature (Typed or printed name of registered agent and fee applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JOSEPH L	2 NAME	
STREET ADDRESS	5323 N LAGOON DR	3 STREET ADDRESS	5129 N. lagoon Dr
CITY- ST- ZIP	PANAMA CITY BCH, FL00000	4 CITY- ST- ZIP	
TITLE	VP	25 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DENIS D	26 NAME	
STREET ADDRESS	807 WELLINGTON GD JCR	27 STREET ADDRESS	1000 Wellington
CITY- ST- ZIP	GRAND JUNCTION, COLO0000	28 CITY- ST- ZIP	
TITLE	ST	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DONNA M	32 NAME	
STREET ADDRESS	5323 N LAGOON DR	33 STREET ADDRESS	5129 N. lagoon Dr
CITY- ST- ZIP	PANAMA CITY BCH, FL00000	34 CITY- ST- ZIP	
TITLE		45 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		46 NAME	
STREET ADDRESS		47 STREET ADDRESS	
CITY- ST- ZIP		48 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Donna M. Campbell - Donna M. Campbell** **2/11/95** **904/234-0192**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR