## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

(8)

Mailing Address

PANAMA CITY SPILLAGE CONTROL, INC.

400 O CENTED AVE					
122 S. CENTER		122 S. CENTER AVE			3. Date Incorporated or Qualified
PANAMA CITY FL 32401 PANAMA CITY FL 32401			12/14/1970		
					4. FEI Number Applied For
					13-0671984 Not Applicable
Principal Place of Business     2a. Mailing Address					eg 75 Additional
					5. Certificate of Status Desired  Fee Required
21					
	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
22		27			
City & State	•	City & State			7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes 🗶 No
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. 🔲 Yes 💢 No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
MOORE, WESLEY					
			82 Street Addr		Address (P.O. Box Number is Not Acceptable)
	ENTER AVE		_	ļ <u> </u>	
PANAMA	CITY FL 32401		83		
			84	0:5.	85 Zip Code
1			102	City	FL   65   Zip Gode
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  OATE					
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE		S ☐ Change X Addition
NAME	MOORE, WESLEY		1.2 NAME		vic zemaitis
STREET ADDRESS	122 S. CENTER AVE		1.3 STREE	T ADDRESS	525 W. Beach Dr. Panama City Fl. 3240
1	PANAMA CITY FL		1.4 CiTY-	CT 710	Colores City El 274/1
CITY-ST-ZIP	S	<b>⊠</b> DELETE	2.1 TITLE	31"21	Change Addition
TITLE	<del>-</del>	A Deterio	1		
NAME	GAINEY, R. L.		2.2 NAME		
STREET ADDRESS	525 W. BEACH DR.		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	Panama City FL		2.4 CITY	ST-ZIP	
TITLE	TD	DELETE	3.1 TITLE		Change Addition
NAME	WATKINS, JERRY		3.2 NAME		
1	220 S CHURH AVE	<b>=</b>		T ADDRESS	
STREET ADDRESS	DAMASA OTTY EL COCCO				
CITY-ST-ZIP	PANAMA CITY, FL 00000	Closus	3.4. CITY	21-7IP	Change Addition
TITLE	VCD	DELETE	4.1 TATLE		Change E Addition
NAME	RILEY, L. D.		4. 2 NAM		
STREET ADDRESS	501 S EAST AVE		4.3 STREE	T ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 00000		4.4 CITY-	ST-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		<del></del> -	5.2 NAME		
1				T ADDOCCC	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		1 25, 500	5.4 CITY-	S1-ZIP	Change Addition
TITLE		☐ DELETE	6,1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
CITY - ST - ZIP			6.4 CITY-	ST-ZIP	
14 I boroby o	ertify that the information supplied w	th this filling does not qualify for	the evem	stion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
Legislated so this appeal report or supplemental appeal report is true and accurate and that my signature shall have the same legal effect as it made under gain; that Lam an					
officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
Seere Tary I I K COOKEN					

**FILED** 

Jan 30 1998 8:00am

Secretary of State