FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 23 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # 731444 (6)

1. Corporation Name
SERENITY JUNCTION, INCORPORATED OF PANAMA CITY

Principal Place of Business	Mailing Address
922 JENKS AVE. PANAMA CITY FL 32401 US	PO BOX 1681 PANAMA CITY FL 32402-1681 US

3. Date Incorporated or Qualified: 12/23/1974
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-1701355 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

AFRAGOLA, MARK
1702 CHERRY ST.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	POPE, LUCIUS B.	1.2 NAME	
STREET ADDRESS	1016 W. 12TH . CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VP/D ☑ Change ☐ Addition
NAME	BARNES, SIDNEY	2.2 NAME	HALL, KINTON, Jr.
STREET ADDRESS	5928 STEPHANIE DR.	2.3 STREET ADDRESS	1812 MOUND Ave.
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	PANAMA City Fla. 32405-1147
TITLE	VD	3.1 TITLE	VP/D ☑ Change ☐ Addition
NAME	SMITH, KEVIN	3.2 NAME	GREEN, Walker
STREET ADDRESS	217 W 8TH ST	3.3 STREET ADDRESS	2110 E. NORWOOD DR.
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	PANAMA City FL 32405
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	AFRAGOLA, MARK	4.2 NAME	
STREET ADDRESS	1702 CHERRY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	S/D ☑ Change ☐ Addition
NAME	SINGER, IRIS	5.2 NAME	MONROE, Michelle, M
STREET ADDRESS	316 CHERRY ST #27	5.3 STREET ADDRESS	250 Nelle St.
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	PANAMA City FL. 32404-7700
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Afragola MARK AFRAGOLA MARCH 14th 1995 904-283-4137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028472