FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED
95 MAY -1 PM 4:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **737084** **(4)**

1. Corporation Name

PANAMA CITY MALL MERCHANTS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2150 NORTH COVE BLVD. PANAMA CITY FL 32405	2150 NORTH COVE BLVD. PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1976
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2071593 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 c/o RICHARD ALBRITTON, JR., ESQ.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 1238
City & State 23	City & State 28 Panama City,
Zip / Country 24 / 25	Zip / Country 29 32402 / 30 US

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUSKE, SCOTT 2150 COVE BLVD. PANAMA CITY FL 32405	81 Name: Richard Albritton, Jr., Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 1042 Jenks Avenue 83 84 City: Panama City FL 85 Zip Code: 32401

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: Richard Albritton 5/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	GUSKE, SCOTT	12 NAME	AIKENS, ROBERT B.	
STREET ADDRESS	2150 COVE BLVD.	13 STREET ADDRESS	2690 Crooks Road, Suite 400	
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	Troy, MI 48084	
TITLE	STD	21 TITLE	TD	☒ Change ☐ Addition
NAME	DUKE, KIM G	22 NAME	FINERTY, PATRICK J.	
STREET ADDRESS	2150 COVE BLVD	23 STREET ADDRESS	2690 Crooks Road, Suite 400	
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP	Troy, MI 48084	
TITLE	DV	31 TITLE	VD	☒ Change ☐ Addition
NAME	EXLEY, ROBERT	32 NAME	FIELDER, JAMES L.	
STREET ADDRESS	2112 COVE BLVD.	33 STREET ADDRESS	2690 Crooks Road, Suite 400	
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP	Troy, MI 48084	
TITLE		41 TITLE	S	☐ Change ☒ Addition
NAME		42 NAME	MARTIN, SUSAN	
STREET ADDRESS		43 STREET ADDRESS	2150 Cove Blvd.	
CITY-ST-ZIP		44 CITY-ST-ZIP	Panama City, FL 32405	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

300001491943
-05/17/95 -01147--002
****130.00 ****130.00

CH

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: SUSAN MARTIN, Secretary - Susan Martin 4-26-95 904-785-9587
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

000173