

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 759715 (6)

1. Corporation Name

PANAMA CITY BEACH FESTIVALS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 438  
PANAMA CITY BEACH FL 32402

P.O. BOX 438  
PANAMA CITY BEACH FL 32402

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/20/1981

3a. Date of Last Report

04/07/1995

4. FEI Number

59-6045116

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

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 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.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
BESSANT, AARON Z  
STREET ADDRESS 16235 E LULLWATER DR  
CITY-ST-ZIP PANAMA CITY BCH, FL00000

TITLE ☐ DELETE

NAME TD  
ANDERSON, GARY  
STREET ADDRESS 2800 W 30 CT  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ DELETE

NAME VD  
MCCARDLE, HAROLD  
STREET ADDRESS 17760 BACK BEACH ROAD  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ DELETE

NAME SD  
SMITH, JENNY  
STREET ADDRESS 307 PRUDENCE LANE  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ DELETE

NAME D  
STILL, BILLY B  
STREET ADDRESS 17751 W HWY 98  
CITY-ST-ZIP PANAMA CITY BCH, FL00000

TITLE ☐ DELETE

NAME D  
MARTIN, ROY  
STREET ADDRESS 8711 LAIRD STREET  
CITY-ST-ZIP PANAMA CITY BCH, FL00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/07/96 904 785 8591  
Date Daytime Phone #

CR2E037 (12/95)