


5-15-97

B-7359 C

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32402P.O. BOX 438
PANAMA CITY BEACH FL 32402-04383. Date Incorporated or Qualified
08/20/19813a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-6045116Applied For
Not Applicable5. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, GARY
P.O. BOX 438
PANAMA CITY FL 32402

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BESSANT, AARON Z	
STREET ADDRESS	16235 E LULLWATER DR	
CITY - ST - ZIP	PANAMA CITY BCH, FL00000	

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANDERSON, GARY	
STREET ADDRESS	2800 W 30 CT	
CITY - ST - ZIP	PANAMA CITY FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCCARDLE, HAROLD	
STREET ADDRESS	17760 BACK BEACH ROAD	
CITY - ST - ZIP	PANAMA CITY FL	

3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GARY STUDDARD	
3.3 STREET ADDRESS	11115 Hutchinson Blvd	
3.4 CITY - ST - ZIP	PANAMA CITY BCH FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, JENNY	
STREET ADDRESS	307 PRUDENCE LANE	
CITY - ST - ZIP	PANAMA CITY FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	STILL, BILLY B	
STREET ADDRESS	17751 W HWY 98	
CITY - ST - ZIP	PANAMA CITY BCH, FL00000	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, ROY	
STREET ADDRESS	8711 LAIRD STREET	
CITY - ST - ZIP	PANAMA CITY BCH, FL00000	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97 904 785 8591

CR2E037 (9/96)