

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762648 (4)

1. Corporation Name

PANAMA CITY SWIM TEAM, INC.

Principal Place of Business

2920 CANAL DR
P.O. BOX 15651
PANAMA CITY FL 32406

Mailing Address

2920 CANAL DR
P.O. BOX 15651
PANAMA CITY FL 32406



3. Date Incorporated or Qualified

03/30/1982

3a. Date of Last Report

09/07/1995

4. FEI Number

59-2214960

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

City & State

30

Zip

Country

9. Name and Address of Current Registered Agent

WALKER, MIKE
2920 CANAL ST.
PANAMA CITY FL 32405

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 P ☐ DELETE

NAME JONES, DEON
STREET ADDRESS 2623 FEROL LANE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE VP ☒ DELETE

NAME SLOAN, TIM
STREET ADDRESS 2818 LONGLEAF RD.
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE T ☐ DELETE

NAME SCAPERROTTA, JOE
STREET ADDRESS P.O. BOX 473 N/A
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D ☐ DELETE

NAME DARNELL, PAULA
STREET ADDRESS 1405 BEACH DRIVE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D ☐ DELETE

NAME HART, LESLIE RHINE
STREET ADDRESS 9335 NORTH HOUND RD
CITY-ST-ZIP SOUTH PORT FL 324

TITLE D ☒ DELETE

NAME DUBVISON, PAULA
STREET ADDRESS 1405 BEACH DRIVE
CITY-ST-ZIP PANAMA CITY FL 32401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME HASSLER, KATHIE
1.3 STREET ADDRESS 352 MERCEDES AVE
1.4 CITY-ST-ZIP PANAMA CITY, FL 32401

2.1 TITLE S ☐ Change ☒ Addition

2.2 NAME DEBRAH KIRKLAND
2.3 STREET ADDRESS 5210 KIRKLAND LANE
2.4 CITY-ST-ZIP PANAMA CITY, FL 32404

3.1 TITLE M ☐ Change ☒ Addition

3.2 NAME MACHADO, JUAN
3.3 STREET ADDRESS 1604 E 13TH PLAZA
3.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME BERNHARDT TOM
4.3 STREET ADDRESS 1409 WYOMING AVE
4.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME PHILLIPS, FRANK
5.3 STREET ADDRESS 8127 NINTH ST.
5.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

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:

JOE SCAPERROTTA, TREAS

7/9/96

904-235-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)