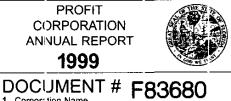
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90168 008 ***150.00

1. Corporation J. ERNE	n Name ST COLLINS, P.A.						
						(11)	
Principal Place	e of Business	Mailing Address					
231 E. FOURTH		231 E. FOURTH ST.					
PO BOX 517 PO BOX 517					20.027.027.0	T 10 00 10 5	
PANAMA CITY FL 32402 PANAMA CITY FL 32402					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/02/1982		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Α	pplied For
21		26			59-2201118	N	no Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee F	ge finited
City & State		City & State			Election Campaign Financing	\$5.00) √lay Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes the current y		_
24	25	29	30		Personal Property Tax.	Yes 🗌	□No
	9. Name and Address of Cur	rren: Registered Agent			10. Name and Address of New Regis	tered Agent	
0.01	LINIC LEDNICOT		81	1 Name			
COLLINS, J ERNEST 231 E 4TH ST. PANAMA CITY FL 32401			82	2 Street Aildr	ress (P.O. Bo. Number is Not Acceptable)		
			83	3			
			84	4 City		85 Zip	Code
			-	' '		FL `	
office or r	registered agent, or both, in the St im familiar with, and a ccept the ob	ate of Florida. Such change was	s authorized by	y the corporation	oration subm ts this statement for the purp on's board of directors. I hereby accept the	appointment as r	aç istered
SIGNATORE	Signature, typed or printed no me of registered	agen and title if applicable. (NO	E: Registered Age	ent signature require		ATE	
12.		AND DIRECTORS	13.		ADDITI ONS/CHANGES TO OFFICE		
TITLE	DP	☐ DELETE	11 TITLE	1		☐ Change	☐ Addition
NAME	COLLINS, J ERNEST		1.2 NAME				
STREET ADDRESS	311 HOLLIS AVE			ET ADDRESS	22103		İ
CITY-ST-ZIP	PANAMA CITY FL		1,4 CITY-:		32401		Addition
TITLE		☐ DELETE	: 2.1 TITLE	1			
NAME				. 1		Change	Addition
STREET ADDRI SS			22 NAME			[] Change	Addition
CITY-ST-ZIP			2.3 STREE	ET ADDRESS		{ ☐ Change	Addition
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14. I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further pertify 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 607, Florida Statutes, and the physical property of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and the physical property of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and the physical property of the corporation or the receiver or trustee empowered.

SIGNATURE:

Strigt Collins J. Ernest Collins, President GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999