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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006603 (4)**

1. Corporation Name

PANGO SALES, INC.

Principal Place of Business	Mailing Address
2406 N. CENTRAL AVENUE TIFTON GA 31794	2406 N. CENTRAL AVENUE TIFTON GA 31794

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1994**

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 PANGO Sales	26 PANGO Sales
Suite, Apt. #, etc. 22 Suite 205A 200 Transfer Circle	Suite, Apt. #, etc. 27 Suite 160 6418 Hwy 41 N
City & State 23 Apollo Beach FL	City & State 28 Apollo Beach, FL
Zip 24 33572 Country 25 USA	Zip 29 33572 Country 30 USA

4. FEI Number: **58-2101851** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Electronic Filing Requested ☐ **$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

SEYMOUR, MICHAEL S
6514 BLACKFIN WAY
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name: Scott Seymour
82 Street Address (P.O. Box Numbers Not Acceptable): 6514 Blackfin Way
83
84 City: Apollo Beach FL 85 Zip Code: 33572

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: Michael S Seymour CEO 4/3/95
(Signature of registered agent or printed name of registered agent and title if signing on behalf of corporation) (NOTE: Registered Agent signature required when name changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, AND/OR DELETIONS	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BLACKMON, STEVE	12 NAME	
STREET ADDRESS	2406 N. CENTRAL AVENUE	13 STREET ADDRESS	
CITY ST ZIP	TIFTON GA 31794	14 CITY ST ZIP	
TITLE	STC	21 TITLE	☐ Change ☐ Addition
NAME	SEYMOUR, SCOTT	22 NAME	
STREET ADDRESS	6514 BLACKFIN WAY	23 STREET ADDRESS	
CITY ST ZIP	APOLLO BEACH FL 33572	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Scott Seymour Michael Scott Seymour CEO 4/3/95 8136411829
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Title) (Date) (Daytime Phone #)

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