

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006603 (4)

1. Corporation Name

PANGO SALES, INC.



Principal Place of Business

200 FRANSBOR CIR.
SUITE 205A
APOLLO BEACH FL 33572
US

Mailing Address

6481 HWY 41 N
SUITE 160
APOLLO BEACH FL 33572
US

2. Principal Place of Business

21 200 APOLLO BEACH PLZ

2a. Mailing Address

26 6481 HWY 41 N

3. Date Incorporated or Qualified

12/27/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

58-2101851

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

Suite, Apt. #, etc.

22 SUITE 116

Suite, Apt. #, etc.

27 SUITE 160

City & State

23 APOLLO BEACH, FL

City & State

28 APOLLO BEACH, FL

Zip

24 33572

Country

25 U.S.A.

Zip

29 33572

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SEYMOUR, SCOTT
6514 BLACKFIN WAY
APOLLO BEACH FL 33572

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 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael Scott Seymour

(NOTE: Registered Agent signature required when reinstating)

3/6/96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BLACKMON, STEVE
STREET ADDRESS 2406 N. CENTRAL AVENUE
CITY, ST, ZIP TIFTON GA 31704

TITLE STC ☐ DELETE

NAME SEYMOUR, SCOTT
STREET ADDRESS 6514 BLACKFIN WAY
CITY, ST, ZIP APOLLO BEACH FL 33572

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME STEVE BLACKMON
13 STREET ADDRESS 921 EAGLE LANE
14 CITY, ST, ZIP APOLLO BEACH, FL 33572

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Date

813-641-1829

Daytime Phone #

CR2E034 (12/95)