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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000006603 (4)

1. Corporation Name
PANGO SALES, INC.



Principal Place of Business

Mailing Address

200 APOLLO BEACH PLAZA
SUITE 116
APOLLO BEACH FL 33572
US

6418 HWY 41 NORTH
SUITE 180
APOLLO BEACH FL 33572-1803
US

3. Date Incorporated or Qualified
12/27/1994

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 205 Apollo Beach Blvd
Suite, Apt. #, etc.

26 205 Apollo Beach Blvd
Suite, Apt. #, etc.

22 Suite 116
City & State

27 Suite 116
City & State

23 Apollo Beach, FL
Zip Country

28 Apollo Beach, FL
Zip Country

24 33572
25 USA

29 33572
30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEYMOUR, SCOTT
6514 BLACKFIN WAY
APOLLO BEACH FL 33572

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Scott Seymour

Signature, typed or printed name of registered agent and title if applicable

(NOTE: registered Agent signature required when reinstating)

Scott Seymour

4/16/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BLACKMON, STEVE
STREET ADDRESS 921 EAGLE LANE
CITY - ST - ZIP APOLLO BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

6315 Cocoa
Apollo Beach, FL 33572

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
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 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

4/16/97
Date

813-641-1829
Daytime Phone #

CR2E034 (9/96)