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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

· 1997

DOCUMENT # G78633

(6)

AMY'S OF PANAMA CITY BEACH, INC.

Principal Place	e of Business	Mailing Address	Mailing Address					ili eleli ele	II 4480) BIBN BIB N	01011 1981
518 BUNKERS PANAMA CITY	COVE BEACH FL 32401	518 BUNKERS COVE PANAMA CITY BEACH FL 32401-3916								
							Date Incorporated or Qualified 01/09/1984		Date of Last R 3/11/1996	eport
2. Principal Pi	lace of Business	2a. Mailing Address					4. FEI Number	1		plied For
21		26	├─-ı				[ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional			
22		[27]					5. Certificate or Status Desirect		Fee Re	quired
City & State	9	City & State					6. Election Campaign Financing		\$5.00	
23 Zip	Country						Trust Fund Contribution		Added t	
_ ·	25						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	9, Name and Address of Curre		30	1			10. Name and Address of New F			
Λ\/r	ERSTREET, DEBORAH M.			81	Nam	0				
303 MAGNOLIA AVE.				82	Stror	reet Address (P.O. Box Number is Not Acceptable)		able)		
	IAMA CITY FL 32401			02	Siloc	it Addie	ress (F.O. Box Number is Not Acceptable)			
(4.14.				83						
				В4	City	- -			85 Zip	Code
*					,	11		F	L	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat	i02 and 607.1508, Florida Sta e of Florida. Such change wa	tutes, the a as authorize	abovo ed by	c-name / the ci	ed corpo prporalic	pration submits this statement for the on's board of directors. I hereby acc	purpose ept the ar	of changing it ppointment as	s registered registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505,	Florida Sta	tlutes	S.		ŕ			
SIGNATURE	Signature, typod or printed name of registered a	can and the disease also	ucii (Paanila	od Ago	u einan		d when reinstating)	DATE.		
12.	<u> </u>	ND DIRECTORS	18.		i. eigila.	ore regeller	ADDITIONS/CHANGES TO OFF		ND DIRECTOR	₹S IN 12
TITLE	D	DELETE		1.j TITLE					☐ Change	Addition
NAME	ARMSTRONG, AMY L.		1.2 M	IAME						
STREET ADDRESS	518 BUNKERS COVE		1.3 9	STREET	ADDRES	3				
CITY-ST-ZIP	PANAMA CITY FL		1.) (HIY-S	T-7IP					
TITLE	D	☐ DELETE	2.1 THLE						Change	Addition
NAME	ARMSTRONG, LARRY			2.2 NAME						
STREET ADDRESS	518 BUNKERS COVE		2.3 5	STREET	ADDRES	S				
CITY-ST-ZIP	PANAMA CITY FL	DELLIT	$\overline{}$		ST-ZIP				Change	Addition
TITLE !		☐ DELETE	3.1 1						L_1 Change	MOORIURI
NAME				NAME	********					
STREET ADDRESS					ADDRES	٥				
CITY-ST-ZIP		DELETE		CITLE	S1 - ZIP				Change	Addition
NAME				NAME					Land or tongo	
STREET ADORESS					ADDRES					
CITY-ST-ZIP					S1-ZIP	Ĭ				
TITLE	DELETE			5.1 7(1).8					Change	Addition
NAME			5.∤1	NAME						
STREET ADDRESS			5.B	STREET	ADDRES	s				
CITY-ST-ZIP			5.4 (CITY - S	ST-ZIP					
TITLE		☐ DELF1E		TITLE					Change	Addition
NAME			6.21	NAME						
STREET ADDRESS			6B:	STREET	ADDRES	s				

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 logal effect as if made under eath; 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 op an attention of the corporation of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name