DOCUN 1. Entity Name	MENT # H31147	NESS REPO	RT (UBR)	FILED Apr 26, 2000 8:00 am Secretary of State 04-26-2000 90142 001 ***150.00	
Principal Place of Business Mailing Address					
% JACK G. WILLIAMS 2611-8 W 23RD ST. 2ANAMA CITY FL 32405		% JACK G. WILLIAMS 2611-B W 23RD ST. PANAMA CITY FL 32405-2309			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-2470359 Applied For Not Applicable	
Zip Country		Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent	
			. Name		
JENKINS, ERIC A. 2611-B W. 23RD ST. PANAMA CITY FL 32405			Street Addres	ss (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
9. This corpo Tax filing re	Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW! After MAY 1, 20	E: Registered Agent signature requ III FEE IS \$150.00 00 Fee will be \$550.00 Ne to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	dp Jenkins, Eric A. 131 Legend Lake Dr Panama Ci	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗌 Addition	
TITLE NAME STREET ADDRESS	VPD BARRETT, GARY 2611-B W. 23RD STREET PANAMA CITY FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete SIRAGUSA, ROBERT 756 HARRISON AVE. PANAMA CITY FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change [] Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗂 Change 🗌 Addition	
CITY-ST-ZIP 13. I hereby control indicated of the correct	on this report or supplemental report is tra- poration or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that r ered to execute this report h all other like empowered	CITY-ST-ZIP r the exemption stated in ny signature shall have th as required by Chapter of A Junkinis	In Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if A - 14 - 33 Date Daytime Phone #	