

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H43330** (0)

1. Corporation Name

COUNTY INVESTMENT CORPORATION



Principal Place of Business

Mailing Address

HWY 77-A (SOUTHPORT, FL 32409)
P.O. BOX 345
LYNN HAVEN FL 32444

HWY 77-A (SOUTHPORT, FL 32409)
P.O. BOX 345
LYNN HAVEN FL 32444

3. Date Incorporated or Qualified

02/19/1985

3a. Date of Last Report

02/16/1995

4. FEI Number

59-2491458

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

**HUTTO, BILL R.
101 E. TWENTY-THIRD STREET
PANAMA CITY FL 32401**

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

Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D
PAGE, ERVIN CORNELIOUS**
STREET ADDRESS **HIGHWAY 77A**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☐ DELETE

NAME **D
ELLIS, LYNN NIXON**
STREET ADDRESS **HIGHWAY 77A**
CITY-ST-ZIP **SOUTHPORT FL**

TITLE ☐ DELETE

NAME **STD
HOBBS, GEORGE W., JR.**
STREET ADDRESS **501 E. BEACH DRIVE**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE

NAME **P
ELLIS, BARBARA**
STREET ADDRESS **HIGHWAY 77**
CITY-ST-ZIP **SOUTHPORT FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE

62 NAME

63 STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-96 904-2653276

CR2E034 (12/95)