Applied For

\$8.75 Additional

Fee-Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **H84171**

Country

9. Name and Address of Current Registered Agent

25

STONE, MICHEL L.

116 EAST 4TH STREET

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

23

24

Zip

STONE AND SUTTON, P.A.

Principal Place of Business	Mailing Address
116 E. 4TH STREET	116 E. 4TH STREET
PANAMA CITY FL 32401	PANAMA CITY FL 32401

26

27

28

29

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90052 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing Trust Fund Contribution

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

11/05/1985

59-2594888

4. FEI Number

PANAMA CITY FL 32401			83				
			84	City		85	Zip Code
				•	FL	<u>. </u>	
office or re	to the provisions of Sections 607.0502 and 6 egistered agent, or both, in the State of Florio m familiar with, and accept the obligations of,	a. Such change was aut	thorized by	the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changing ntment a	g its registered s registered
SIGNATURE	Signature, typed or printed name of registered agent and title	applicable (NOTE: I	Registered Agen	t signature required	when reinstating) DATE		
12.	OFFICERS AND DIRE	<u></u>	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRE	CTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE			Change	nge 🔲 Addition
NAME	SUTTON, PAMELA DRU		1.2 NAME				
STREET ADDRESS	116 E. 4TH ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP				
TITLE	VST	☐ DELETE	2.1 TITLE			Chai	nge
NAME	STONE, MICHEL L.		2.2 NAME				
STREET ADDRESS	116 E. 4TH ST.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	- PANAMA CITY FL -	<u> </u>	2.4 CITY-S	T-ZIP *		-	
TITLE		☐ DELETE	3.1 TITLE	į		☐ Cha	nge
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS	•		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE	}		Cha	nge
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	-	☐ DELETE	5.1 TITLE	_ _		☐ Cha	nge 🗌 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	Γ-Z I P			
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	nge 🗌 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	I			
14. I hereby o	certify that the information supplied with this f	ling does not qualify for	the exempt	on stated in S	ection 119.07(3)(i), Florida Statutes. I further ce shall have the same legal effect as if made und	rtify that	the information

Country

81 Name

30

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, with all other like empowered.