

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H98856** (8)
1. Corporation Name
BURNS OF BAY COUNTY, INC.



Principal Place of Business P.O. BOX 7120 PANAMA CITY FL 32413	Mailing Address P.O. BOX 7224 PANAMA CITY FL 32413 US
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2. Principal Place of Business 21 PO Box 208 Suite, Apt. #, etc. 22 21906 Front Beach Rd City & State 23 SUNNYSIDE FL Zip 24 32461 Country 25 USA	2a. Mailing Address 26 PO Box 208 Suite, Apt. #, etc. 27 City & State 28 SUNNYSIDE FL Zip 29 32461 Country 30 USA	3. Date Incorporated or Qualified 02/11/1986	3a. Date of Last Report 04/28/1995	4. FEI Number NOT APPLICABLE Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent ISLER, CHARLES S III 434 MAGNOLIA AVENUE PANAMA CITY FL 32401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 for printed name of registered agent and date of appointment

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Burns, Roy Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, ROY JR.	1.2 NAME	PO Box 549
STREET ADDRESS	21906 FRONT BEACH ROAD	1.3 STREET ADDRESS	SUNNYSIDE FL 32461
CITY - ST - ZIP	PANAMA CITY FL 32413	1.4 CITY - ST - ZIP	SUNNYSIDE FL 32461
TITLE	PO <input type="checkbox"/> DELETE	2.1 TITLE	Burns, Roy III <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, ROY III	2.2 NAME	PO Box 208
STREET ADDRESS	12830 W. HIGHWAY 98A	2.3 STREET ADDRESS	SUNNYSIDE FL 32461
CITY - ST - ZIP	PANAMA CITY BEACH FL 32407	2.4 CITY - ST - ZIP	SUNNYSIDE FL 32461
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Burns, William W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, WILLIAM W	3.2 NAME	118 Venado Place
STREET ADDRESS	12830 W. HIGHWAY 98A	3.3 STREET ADDRESS	Panama City Bch FL 32413
CITY - ST - ZIP	PANAMA CITY BEACH FL 32407	3.4 CITY - ST - ZIP	Panama City Bch FL 32413
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 617, 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

6/17/96 9042349860
Date Day in the Month

CR2E034 (3/96)