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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J04902** (9)

1. Corporation Name

SASSY ENTERPRISES OF BAY COUNTY, INC.

Principal Place of Business

**103 RAZZ WAY
PANAMA CITY BEACH FL 32408
US**

Main Address

**103 RAZZ WAY
PANAMA CITY BEACH FL 32408
US**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

29

30

**ESTOK, SAMUEL G.
103 RAZZ WAY
PANAMA CITY BEACH FL 32408**

81. Name

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

83

84. City

FL

85. Zip Code

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

**PV
ESTOK, SAMUEL G.
103 RAZZ WAY
PANAMA CITY BCH. FL**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**ST
ESTOK, PATRICIA T.
103 RAZZ WAY
PANAMA CITY BCH. FL**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is true, correct, and complete, 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 supplementary 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, and the names of those corporations. I do hereby certify that the report is prepared by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am a director or officer as indicated with an address.

SIGNATURE: *Patricia T. Estok* **Patricia T. Estok**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

904-234-6039

CR2E034 (12/95)