

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 # J25508 (9)

1. Corporation Name

BROOKE, BROWNING, SANDQUIST, & REINSTATLER, P.A.



Principal Place of Business

400 2 11TH ST STE C
400 W. 11TH ST. STE C
PANAMA CITY FL 32401

Mailing Address

400 2 11TH ST STE C
400 W. 11TH ST. STE C
PANAMA CITY FL 32401

3. Date Incorporated or Qualified
07/21/1986

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
59-2718314

Applied For
Not Applicable

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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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

SANDQUIST LYLE J
215 MOUNTAIN DR
DESTIN FL 32541

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SANDQUIST LYLE J	
STREET ADDRESS	215 MOUNTAIN DR	
CITY-ST-ZIP	DESTIN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	REINSTATLER RICK	
STREET ADDRESS	337 FLOYD DR	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWNING DAVID N	
STREET ADDRESS	707 HUNTINGDON	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	X	<input type="checkbox"/> DELETE
NAME	BROOKE RANDELL	
STREET ADDRESS	768 SHORE DRIVE	
CITY-ST-ZIP	DESTIN FL	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Anne Hull Dick	
STREET ADDRESS	414 Bunkers Cove Rd	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3401 Country Club Court	
3.4 CITY-ST-ZIP	Lynn Haven, FL	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Anne Hull Dick	
5.3 STREET ADDRESS	414 Bunkers Cove Rd	
5.4 CITY-ST-ZIP	Panama City, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE X *Anne Hull Dick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-26-96

904/745-1979

Date

Daytime Phone #

CR2E034 (12/95)