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Apr 02 1997 8:00am
Secretary of State



PROFIT
CORPORATION
ANNUAL REPORT
1997

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 32401-2400



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

07/21/1986

3a. Date of Last Report

04/30/1996

4. FEI Number

59-2718314

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

SANDQUIST LYLE J
215 MOUNTAIN DR
DESTIN FL 32541

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

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<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	T	<input checked="" type="checkbox"/> DELETE
NAME	BROWNING DAVID N	
STREET ADDRESS	3401 COUNTRY CLUB CT	
CITY - ST - ZIP	LYNN HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROOKE RANDELL	
STREET ADDRESS	768 SHORE DRIVE	
CITY - ST - ZIP	DESTIN FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DICK, ANNE HILL	
STREET ADDRESS	414 BUNKERS COVE RD	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P Goatley, KATHY
5.3 STREET ADDRESS	6000 HARVEY ST. D-2
5.4 CITY - ST - ZIP	Panama City, FL 32404
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kathy P. Goatley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97 904-785-1979

Date Daytime Phone #

0051848

CR2E034 (9/96)