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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K10053** **(2)**

1. Corporation Name

THE SUBLAND CORPORATION OF BAY COUNTY

Principal Place of Business	Mailing Address
% RICHARD A. SUBLETTE 330 W. 23RD STREET. SUITE D PANAMA CITY FL 32405	% RICHARD A. SUBLETTE 330 W. 23RD STREET. SUITE D PANAMA CITY FL 32405

3. Date Incorporated or Qualified: **12/31/1987**
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business	2a. Mailing Address
21 217 Country Club Rd	26 217 COUNTRY CLUB RD
22 Suite, Apt. #, etc. Shalimar	27 Suite, Apt. #, etc.
23 City & State: Shalimar, FL	28 City & State: SHALIMAR FL
24 Zip: 32579 25 Country: OKALOOSA	29 Zip: 32579 30 Country: OKALOOSA

4. FEI Number: **59-2874111** ☐ 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	10. Name and Address of New Registered Agent
SUBLETTE, RICHARD A. 330 WEST 23RD STREET SUITE D PANAMA CITY FL 32405	81 Name: SUBLETTE RICHARD A 82 Street Address (P.O. Box Number is Not Acceptable): 217 COUNTRY CLUB RD 83 84 City: SHALIMAR FL 85 Zip Code: 32579

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: Style of line, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when not typing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SUBLETTE, JOE S. 301 SOUTH MAIN STREET SUMTER SC	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST SUBLETTE, RICHARD A. 217 COUNTRY CLUB ROAD SHALIMAR FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KING, ROBERT L. 330 W. 23RD ST., ST. D PANAMA CITY FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DV KING, ROBERT L. 188 DERBY WOODS DR LYNN HAVEN, FL 32444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Richard A Sublette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 1996 (904) 651-5441
Date Daytime Phone #