## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(1)

**FILED** Mar 16 1998 8:00am Secretary of State

| SUNB  | IRD MANAGEMENT              | r co., inc.             |  |                              |                 |                                       | . I Norman and being his being think have being and the same and being are in brain brain being are in brain brain are in brain brai | 11       |
|---|-----------------------------|-------------------------|--|------------------------------|-----------------|---------------------------------------|--|----------|
|   |                             |                         |  |                              |                 |                                       |  | 1        |
|   | ce of Business              |                         | Mailing Address                        |                              |                 |                                       |  |          |
| 726 THOMAS DRIVE  |                             |                         |  |                              |                 |                                       |  |          |
| PANAMA CITY BCH FL 32408  |                             |                         | PANAMA CITY BCH FL 32408               |                              |                 |                                       | DO NOT WRITE IN THIS SPACE   |          |
| US US   |                             |                         |  |                              |                 |                                       | 3. Date Incorporated or Qualified  |          |
|   |                             | _                       |  |                              |                 |                                       | 02/01/1989   |          |
|   | Place of Business           | 28.                     | 2a. Mailing Address                    |                              |                 |                                       | 4. FEI Number Applied Fo   | r        |
| 21  |                             | 26                      |  |                              |                 |                                       | <b>59-2933377</b> Not Applied  |          |
| Suite, Apt. #, etc.   |                             |                         | Suite, Apt. #, etc.                    |                              |                 |                                       | 5. Certificate of Status Desired  \$8.75 Additional  | .1       |
| City & Sta  | lo .                        | 27                      | City & State                           |                              |                 |                                       | Fee Required   |          |
| 23  |                             | <u> </u>                | 28                                     |                              |                 |                                       | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |          |
| Zip   | Country                     | ·                       | Zip Country                            |                              |                 |                                       | This corporation owes or has paid the current year Intangible  | $\neg$   |
| 24  | 25                          | 29                      | <u> </u>                               |                              | ·               |                                       | Personal Property Tax due June 30. Yes No  |          |
|   | 9. Name and Addres          |                         |  |                              |                 |                                       | 10. Name and Address of New Registered Agent   |          |
| М   | CCOY, ELLCE                 |                         |  |                              | 81              | Name                                  |  |          |
| 726 THOMAS DR   |                             |                         |  |                              | 82              | Street Addre                          | reet Address (P.O. Box Number is Not Acceptable)   |          |
| PANAMA CITY FL 32408  |                             |                         |  |                              | Siredi Aut      |                                       | 1000 (1 to . Don Hermon to Horrisophublo)  |          |
| ·   |                             |                         |  |                              | 83              |                                       |  |          |
|   |                             |                         |  |                              | 84              | City                                  | 85 Zin Code  |          |
|   |                             |                         |  |                              |                 | _                                     | FL   T   T   |          |
| 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. |                             |                         |  |                              |                 |                                       |  |          |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   |                             |                         |  |                              |                 |                                       |  |          |
| SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE   |                             |                         |  |                              |                 |                                       |  |          |
| 12.   |                             | FICERS AND DIRECT       |  | 13.                          | a Age           | nt signature require                  | red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   | $\dashv$ |
| TITLE   | P                           |                         | DELETE                                 | 1.1 T/                       | TLE             | · · · · · · · · · · · · · · · · · · · | ☐ Change ☐ Addi  | ition    |
| NAME  | MCCOY, ELKE                 |                         |  | 1.2 NAME                     |                 |                                       | ·  |          |
| STREET ADDRESS  | 726 THOMAS DRI              | VE                      | 1.3 STREET ADDRESS                     |                              |                 | ADDRESS                               |  |          |
| CITY-ST-ZIP   | PANAMA CITY BC              | H FL                    | 1.4 CI                                 |                              |                 | T-ZiP                                 |  |          |
| TITLE   | VP                          |                         | DELETE                                 | DELETÉ 2.1 TIT               |                 |                                       | Change Addi  | tion     |
| NAME  | COUNTS, STEVE               |                         |  | 2.2 NA                       |                 |                                       |  |          |
| STREET ADDRESS  |                             |                         |  | 2.3 ST                       |                 | ADDRESS                               |  | ļ        |
| CITY-ST-ZIP   |                             |                         | ······································ |                              | !TY-S           | T-ZIP                                 |  |          |
| TITLE   | ST                          |                         |  |                              | 3.1 TITLE       |                                       | Change Addi  | tion     |
| NAME  | 1                           |                         | 3.2 N                                  |                              |                 |                                       |  |          |
| STREET ADDRESS  |                             |                         |  |                              |                 | ADDRESS                               |  |          |
| CITY-ST-ZIP   | PANAMA CITY FL              |                         |  |                              | ITY-S           | T-ZIP                                 |  |          |
| TITLE   |                             |                         | ויין מנונונ                            | 4.1 (1)                      |                 |                                       | Change Addi  | uon      |
| NAME<br>PROCES APPROCES   |                             |                         |  | 4. 2 N                       |                 | 1000000                               |  |          |
| STREET ADDRESS  |                             |                         |  |                              |                 | ADDRESS                               |  |          |
| CITY-ST-ZIP<br>TITLE  | DELETE                      |                         |  | 4.4 City-St-ZIP<br>5.1 Title |                 | ☐ Change ☐ Addi                       | tion   |          |
| NAME  |                             |                         |  | 5.2 NAME                     |                 |                                       | Onenge Addi  |          |
| STREET ADDRESS  |                             |                         |  | 5.2 NAM<br>5.3 STRE          |                 | ADDRESS                               |  |          |
| CITY-ST-ZIP   |                             |                         |  | 5.4 CI                       |                 |                                       |  |          |
| TITLE   |                             |                         | ☐ DELETE                               | 6.1 TIT                      |                 | - 211                                 | ☐ Change ☐ Addi  | tion     |
| NAME  |                             |                         |  | 6.2 NA                       |                 |                                       |  | -        |
| STREET ADDRESS  |                             |                         |  |                              |                 | ADDRESS                               |  |          |
| CITY-ST-ZIP   |                             |                         |  |                              | 6.4 CITY-ST-ZIP |                                       |  |          |
|   | ertify that the information | supplied with this fili | na does not qualify f                  |                              |                 |                                       | Section 119.07(3)(i), Florida Statutes, I further certify that the informati   | on I     |

related on this annual report or supplied with this limit does not quality for the exemptor stated in 1967/01/1970/01/01/1970/01/1970/01/1970/01/1970/01/1970/01/1970/01/1970/01/01/1970/01/1970/01/1970/01/19