

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 JUL 22 AM 9:39

DOCUMENT # L16722 (5)
1. Corporation Name
SOUTHERN FINANCIAL CORPORATION OF PANAMA CITY, I
NC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

2911 S HWY 77
1613 ST. ANDREWS BLVD.
LYNN HAVEN FL 32444
US

2911 S HWY 77
1613 ST. ANDREWS BLVD.
LYNN HAVEN FL 32444
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2911 South Hwy. 77
Suite, Apt. #, etc.
22
City & State
23 Lynn Haven, FL
Zip Country
24 32444 25 USA
2a. Mailing Address
26 2911 South Hwy 77
Suite, Apt. #, etc.
27
City & State
28 Lynn Haven FL
Zip Country
29 32444 30 USA

3. Date Incorporated or Qualified 09/15/1989
3a. Date of Last Report 05/01/1996
4. FEI Number 59-2968828
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, WILLIAM E., JR.
2911 S HWY 77
LYNN HAVEN FL 32444

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME SHAW, WILLIAM E., JR.
STREET ADDRESS 2911 S HWY 77
CITY-ST-ZIP LYNN HAVEN FL
TITLE ☐ DELETE
NAME ATKINSON, LISA SHAW
STREET ADDRESS 1613 ST. ANDREWS BLVD.
CITY-ST-ZIP PANAMA CITY FL
TITLE ☐ DELETE
NAME SCOTT, MICHAEL A.
STREET ADDRESS 1613 ST. ANDREWS BLVD.
CITY-ST-ZIP PANAMA CITY FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 300002251593--3
1.3 STREET ADDRESS -07/29/97--01127--010
1.4 CITY-ST-ZIP ****165.00 ****165.00
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Atkinson, Lisa Shaw
2.3 STREET ADDRESS 2911 South Hwy. 77
2.4 CITY-ST-ZIP Lynn Haven, FL 32444
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Scott, Michael A.
3.3 STREET ADDRESS 2911 South Hwy. 77
3.4 CITY-ST-ZIP Lynn Haven, FL 32444
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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.

CR2E034 (4/97)