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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # M97540 S FAMILY ENTERPRISES, INC				ţ				
Principal Place of Business Mailing Address						$\overline{}$. I HOOKOONK ING LOUGH LOUGH DINNY DIDIN	ORII OIDII DIBII DIDII BI	BIL BIBLL BIBIL 1881
12405 FRONT BEACH RD. PANAMA CITY BCH. FL 32407		%CHARLES A. COLLINS JR. 622 BAY AVE. PANAMA CITY FL 32401				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
	٠		•				09/07/1988		}
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number		Applied For
21		26					59-2090830		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	· ·	5 Additional Required	
City & State	0	City & State					Election Campaign Financing Trust Fund Contribution	\$5.0	00 May Be
Zip	Country	Zip	Cou	ntry			8. This corporation owes the currer	t year Intangible	
24	25	29	30				Personal Property Tax.	Yes	□No
•	9. Name and Address of Current	Registered Agent					10. Name and Address of New Re	gistered Agent	
COL	LING CHADIES A ID			81	Name				ļ
COLLINS, CHARLES A., JR. 622 BAY AVENUE				82	Street A	Address	(P.O. Box Number is Not Acceptab	le)	
PANAMA CITY FL 32401				83					
				84	84 City			FL 85 Zip Code	
agent. I ai SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation of the company of	SR. PRESIDE	, Flogida Stat	ines.	•		een reinstating)	3/29/94	7
12.	OFFICERS AND		13.			,	ADDITIONS/CHANGES TO OFFI		
TITLE	D	☐ DELET	Έ 1.1 TI	RΕ				☐ Chan	ge
NAME	COLLINS, CHARLES A., JR.		1.2 N						
STREET ADDRESS	622 BAY AVENUE				ADDRESS				
CITY-ST-ZIP				TY- <u>S</u>]	r-ZIP			["] Chan	ge Addition
TITLE		☐ DELEI						_; Onan	ge
NAME			2.2 N		ADORESS			-	İ
STREET ADDRESS CITY-ST-ZIP			1	ITY-S	1	}			j
TITLE		☐ DELET			-			☐ Chan	ge
NAME	پين جاري	s. × .	.32 N	AME	. 1	. <u>.</u>	_		
STREET ADDRESS			3.3 S	REET	ADDRESS				
CITY-ST-ZIP				ITY-S	T-ZIP	ļ	-		
TITLE		☐ DELET	Έ 4.1 Tī	ŢLE.			·	Chan	ge
NAME			4. 2 N						1
STREET ADDRESS					ADDRESS				ļ
CITY-ST-ZIP		☐ DELET		TY-SI	r-ZIP	 	 -	☐ Chan	ge Addition
TITLE		L) VELET	E 5.1 To 5.2 N					டுகள்	a
NAME STREET ADDRESS			1		ADDRESS				ſ
CITY-ST-ZIP				TY-S1					
TITLE		☐ DELET						Chan	ge 🔲 Addition
NAME			6.2 N	AME	1	1			

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: *

STREET ADDRESS