

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/30/2003-90126-030-\$61.25-\$61.25

006778

DOCUMENT # N04706

1. Entity Name

CLASSIC CRUISERS OF PANAMA CITY, INC.



FILED
03 DEC 17 AM 8:52

REINSTATEMENT OF STATE
SECRETARY OF FLORIDA



Principal Place of Business

4008 E 12TH COURT
PANAMA CITY FL 32401

Mailing Address

P.O. BOX 1982
PANAMA CITY FL 32402-1982

2. Principal Place of Business

4526 GARRISON Rd.

3. Mailing Address

Suite, Apt., etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Panama City, FL

City & State

Zip

Country

4. FEI Number 59-2672760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEMENS, WILLIAM
4008 E 12 CT
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

LINDA WALLIS

1. Street Address (P.O. Box Number is Not Acceptable)

4526 GARRISON Rd

City

Panama City

FL

Zip Code

32404

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda Wallis (LINDA WALLIS Sec/Treas)

4/26/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HOLLIS, RODNEY 2313 LUELLA AVE PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ATKINSON, ROLLINS W 220 S JAN DRIVE PANAMA CITY FL 32404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADKINSON, ELAINE 7404 SALE BLVD. SOUTHPORT FL 32409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRIGHT, HEATHER 8812 KINGSWOOD RD PANAMA CITY FL 32409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President THOMAS WALLIS 4526 GARRISON Rd Panama City, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President MURIEL SURBER 4105 GAINES ST. PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary LINDA WALLIS 4526 GARRISON Rd Panama City, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer LINDA WALLIS 4526 GARRISON Rd Panama City, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee/Board of Directors JEFF DUGGINS 6105 Boat Race Rd. Panama City FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors Robert Cole 317 Greenwood Dr. Panama City Beach, FL 32407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS WALLIS Sec/Treas 4/26/03 832-9116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

TK

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Dissolution of Corporation of Classic Cruisers of Panama City, Inc.
Document #N04706

Glenda E. Hood
Secretary of State

I am the Secretary of the Classic Cruisers of Panama City, Inc. and have received papers dissolving the corporation of our non-profit organization due to not responding to a letter I was supposed to have received. I was given this information from your office when I called to inquire as to why our corporation was dissolved. I never received any letter regarding additional information on adding any extra names for directors or trustees. I filed the renewal along with a check for \$61.25 and filled out the new officers names and addresses as the secretary had done the years before I took position this year.

I would like to correct this error or misunderstanding if I can. I will send in the original form with additional names as needed and hope that we can reinstate without penalty. Our non-profit organization's purpose is to aid charities in our community and we have very little left in the treasury. I apologize if I incorrectly filled out the form but I followed what I thought was the way it had been done in the past.

I was very upset when I was informed that the corporation was dissolved because I was sure I had done all that I should have and was unaware of any wrong doing.

Would you consider reinstating our corporation without penalty. I would really appreciate it.

Thank you for your time,

Linda Wallis
Secretary of Classic Cruisers of Panama City, Inc.
4526 Garrison Rd.
Panama City, FL 32404
lcwallis4@cs.com