

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N05675 (6)

1. Corporation Name
SUNSHINE RIDERS OF PANAMA CITY, INC.



Principal Place of Business: **7621 YELLOW BLUFF RD PANAMA CITY BEACH FL 32404-5541**
Mailing Address: **P. O. BOX 63 LYNN HAVEN FL 32444 US**

3. Date Incorporated or Qualified: **10/16/1984**
3a. Date of Last Report: **02/10/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2898480	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State Panama City, FL	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	25	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TITTLE, THOMAS E 7621 YELLOW BLUFF RD. PANAMA CITY FL 32404				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMM, MIKE	1.2 NAME	
STREET ADDRESS	1015 VIRGINIA AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LYNN HAVEN FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, BOB	2.2 NAME	
STREET ADDRESS	608 HUMMINGBIRD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LYNN HAVEN FL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITTLE, THOMAS	3.2 NAME	
STREET ADDRESS	7621 YELLOW BLUFF ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mike Hamm **MIKE H HAMM** Date: **2/12/96** Daytime Phone #: **904-785-4629**

CR2E037 (12/95)