FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # N41369

(2)

PONTIAC PACESETTERS, INC.

FILED Apr 14 1997 8:00am Secretary of State

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Principal Place	of Business	Mailing Address	Mailing Address				"			
4909 HIÖHWAY 8 MARIANNA FL 32		4909 HIGHWAY 80 EAST Marianna Fl 32446-6841								
						3. Date Incorporated or Qualified 12/20/1990		of Last R 25/199		
2. Principal P	ace of Business	2e, Mailing Address				4. FEI Number		Ap	plied For	
21		26	· · · · · · · · · · · · · · · · · · ·			<u> </u>			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22		27						Fee Re		
City & State	9	 	City & State			6. Election Campaign Financing		\$5.00		
Zip	Country	Zip	T	untry		Trust Fund Contribution	LJ	Added		
24	25	29	30	only		This corporation has liability for Florida Statutes	r intangible tax		. 199.032,	
24)	9. Name and Address of Curre		<u> </u>	T		10. Name and Address of New F		,		
				81 N	ame					
HONGING	\$47.11									
HOPKINS				82 S	treet Addri	ess (P.O. Box Number is Not Accept	able)			
	HWAY 90 EAST			83						
MAKIANN	A FL 32446								 	
				84 C	ity		FL ^l	B5 Zipi	Code	
11. Pursuant to office or to agent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 617.1508, Florida Statu to of Florida. Such change was gations of, Section 617.0503, Fl	les, the a authorize orida Sta	L_l above-na ed by the alutes.	med corp corporati	oration submits this slatement for the ion's board of directors. I hereby acc		anging It tment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered a					ed when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTOF	S IN 12	
TITLE	T	DELETE	3.17	ITLE				Change	Addition	
NAME	LLOYD, RAYFORD L.		1.2 1	IAME		•				
STREET ADDRESS	100 E. 23 ST.		1.3 \$1		RESS					
CITY-ST-ZIP	PANAMA CITY FL		1.4 (1.4 C(1Y-ST-ZIP						
TITLE	D	() or cre		2.1 TITLE			L.	Change	Addition	
NAME	WILLIAMS, MYKEL C.		2.21	IAME						
STREET ADDRESS	2975 ROSS CLARK CIR. S.W.	1	2.3 9	2.3 STREET ADDRESS						
CITY-ST-ZIP	DOTHAN AL		2. 4 CIT		P					
TITLE	D	☐ DELETE	3.1 T	ITLE				Change	Addition	
NAME	HOPKINS, W. H.		3.2 N	NAME						
STREET ADDRESS	4909 HWY. 90 EAST		3.3 9	STREET ADD	RESS					
CITY-ST-ZIP	MARIANNA FL		3.4.	CI1Y-\$1-Z	P					
TITLE	D	☐ DELETE	4.1 T	ITLE				Change	☐ Addition	
NAME	THOMPSON, OLIN		4.2	NAME						
STREET ADDRESS	232 N MAIN ST		4.3 9	STREET ADD	RESS					
CITY-ST-ZIP	BLAKELY GA		4.4 (CITY - \$1 - <i>Z</i> (P					
TITLE		DELETE	5.17	TILE] Change	Addition	
NAME			5.2 f	NAME						
STREET ADDRESS			5.3 9	STREET ADD	RESS					
CITY-ST-ZIP			5.4 (CHY-ST-70	Р					
TITLE (1/2)		DELETE	6.1 1	TITLE				Change	☐ Addition	
NAME	,		6.2 8	NAME						
STREET ADDRESS			6.3 5	STREET ADD	RESS					
CITY-ST-ZIP			6.4 0	CITY-ST-Z	P					

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 eath; 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.