

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N93000003465 (2)

1. Corporation Name

PANAMA CITY BEACH FISHING CLASSIC, INC.

Principal Place of Business

Mailing Address

**116 LAIRD CIRCLE
PANAMA CITY BEACH FL 32408**

**116 LAIRD CIRCLE
PANAMA CITY BEACH FL 32408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

02/23/1994

4. FEI Number

59-3197601

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAPROCKI, CHARLES A
116 LAIRD CIRCLE
PANAMA CITY BEACH FL 32408**

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 constituting

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **PAPROCKI, CHARLIE**
STREET ADDRESS **116 LAIRD CIRCLE**
CITY - ST - ZIP **PANAMA CITY BEACH FL 32408**

TITLE **DV**
NAME **HUNT, HENRY**
STREET ADDRESS **714 FREDERICK ST.**
CITY - ST - ZIP **PANAMA CITY FL 32405**

TITLE **DS**
NAME **DAVIS, JOE ED**
STREET ADDRESS **5550 N. LAGOON DR.**
CITY - ST - ZIP **PANAMA CITY BEACH FL 32408**

TITLE **DT**
NAME **BLEVINS, DOUGLAS W.**
STREET ADDRESS **150 RUSTY GANS DR.**
CITY - ST - ZIP **PANAMA CITY BEACH FL**

TITLE **D**
NAME **ARCHER, BILLY**
STREET ADDRESS **2104 PEBBLE BEACH PL.**
CITY - ST - ZIP **PANAMA CITY BEACH FL 32408**

TITLE **D**
NAME **DAVISON, TED**
STREET ADDRESS **3805 THOMAS DR.**
CITY - ST - ZIP **PANAMA CITY BEACH FL 32408**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

SIGNATURE:

CHARLIE PAPROCKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-95

904-2348246

Date

Phone Number