


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000006204 (9) 1. Corporation Name PROJECT 25, INC.					
Principal Place of Business 3421 HWY 77 PANAMA CITY FL 32405			Mailing Address 3421 HWY 77 PANAMA CITY FL 32405		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/06/1996 4. FEI Number 59-3428399 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEONARD, BUTCH 3421 HWY 77 PANAMA CITY FL 32405				10. Name and Address of New Registered Agent 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 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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE		1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRUDNICKI, LYNN		1.2 NAME	FLOWERS, MARSHALL	
STREET ADDRESS	3421 HWY 77		1.3 STREET ADDRESS	3421 HWY 77	
CITY-ST-ZIP	PANAMA CITY FL 32405		1.4 CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	D <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUNNELL, PATTI		2.2 NAME		
STREET ADDRESS	3421 HWY 77		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		2.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYKES, CECIL		3.2 NAME		
STREET ADDRESS	3421 HWY 77		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		3.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUYKENDALL, BETTY		4.2 NAME		
STREET ADDRESS	3421 HWY 77		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Butch Leonard</i> BUTCH LEONARD 1-6-98 747-4700					

CR2E037 (10/97)