2003 FOR PROFIT CORPORATION

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

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Apr 15, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** 04-04-2003 90091 032 ***150.00 P02000067743 **DOCUMENT#** 1. Entity Name THE PANAMA CORPORATION 76462066 Principal Place of Business Mailing Address 2100 WEST BEACH DRIVE 2100 WEST BEACH DRIVE # Y202 # Y202 PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 03-0468266 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, JACK G Street Address (P.O. Box Number is Not Acceptable) **502 HARMON AVENUE** PANAMA CITY FL 32401 City Zip Code 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 3R2E034 (10/02) PRESIDENT, SEC., TREASURER TITLE ☐ Addition TITLE Delete NAME NAME BRENDA L. CALDWELL STREET ADDRESS STREET ADDRESS 2100 W. BE BEACH DR CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete Change Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Oclete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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