

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P19821** (8)

1. Corporation Name

WANT ADS OF PANAMA CITY, INC.

Principal Place of Business

**5373 HWY 98 E
DESTIN FL 32541
US**

Mailing Address

**PO BOX 1659
5373 HIGHWAY 98 EAST
DESTIN FL 32540
US**



2. Principal Place of Business

2a. Mailing Address

21 **20011 EMERALD COAST PKWY**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 **DESTIN, FL**

27 City & State
28

24 Zip
232541

25 Country
USA

29 Zip
30 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified
06/27/1988

3a. Date of Last Report
03/14/1995

4. FET Number
59-2893294

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 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 is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D CHRISTENSEN, ROBERT L.**
STREET ADDRESS **5373 HIGHWAY 98 EAST**
CITY-ST-ZIP **DESTIN FL**

TITLE ☐ DELETE
NAME **S EARLES, AMY L.**
STREET ADDRESS **5373 HIGHWAY 98 EAST**
CITY-ST-ZIP **DESTIN FL**

TITLE ☐ DELETE
NAME **D EARLES, CHARLES E.**
STREET ADDRESS **5373 HIGHWAY 98 EAST**
CITY-ST-ZIP **DESTIN FL**

TITLE ☐ DELETE
NAME **DVP TREESE, HARRY S.**
STREET ADDRESS **427 NORTH 38TH STREET**
CITY-ST-ZIP **WACO FL**

TITLE ☐ DELETE
NAME **P KERR, FRANK**
STREET ADDRESS **2317 E 15TH ST**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE
NAME **T KERR, PAM**
STREET ADDRESS **2317 E 15TH ST**
CITY-ST-ZIP **PANAMA CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**20011 EMERALD COAST PKWY
DESTIN, FL 32541**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**20011 EMERALD COAST PKWY
DESTIN, FL 32541**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**20011 EMERALD COAST PKWY
DESTIN, FL 32541**

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

SIGNATURE:

Amy Earles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 **904-837-8820**
Daytime Phone #

CR2E034 (12/95)