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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P19821** **(8)**

1. Corporation Name
WANT ADS OF PANAMA CITY, INC.

Principal Place of Business	Mailing Address
5373 HWY 98 E DESTIN FL 32541 US	PO BOX 1659 5373 HIGHWAY 98 EAST DESTIN FL 32540-1659 US

2. Principal Place of Business
21 2317 EAST 15TH STREET
Suite, Apt. #, etc. 22
City & State 23 PANAMA CITY FL
Zip 24 32405 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 06/27/1988
3a. Date of Last Report: 03/25/1996
4. FEI 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: NRAI SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
83 526 E. PARK AVENUE
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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 C. Baclet
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
C. Baclet, Vice President 04/17/97
DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, ROBERT L.		1.2 NAME		
STREET ADDRESS	20011 EMERALD COAST PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	EARLES, AMY L.		2.2 NAME	KIMBERLY S. MODLIN	
STREET ADDRESS	20011 EMERALD COAST PKWY		2.3 STREET ADDRESS	20011 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL		2.4 CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EARLES, CHARLES E .		3.2 NAME		
STREET ADDRESS	20011 EMERALD COAST PKWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		3.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TREESE, HARRY S.		4.2 NAME		
STREET ADDRESS	427 NORTH 38TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	WACO FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KERR, FRANK		5.2 NAME		
STREET ADDRESS	2317 E 15TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KERR, PAM		6.2 NAME		
STREET ADDRESS	2317 E15TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: Kimberly S. Modlin Kimberly S. Modlin 4/18/97 904-837-8620