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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
2317 EAST 15TH STREET
PANAMA CITY FL 32405
US

Mailing Address
PO BOX 1659
~~5378 HIGHWAY 90 EAST~~
DESTIN FL 32540
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/27/1988

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 1659
Suite, Apt. #, etc.

27 City & State
28 Destin, FL

29 Zip Country
30 32540 US

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC
526 E. PARK AVE
SUITE 105
TALLAHASSEE FL 32301

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHRISTENSEN, ROBERT L.
20011 EMERALD COAST PKWY
DESTIN FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MODLIN, KIMBERLY S.
20011 EMERALD COAST PKWY
DESTIN FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EARLES, CHARLES E.
20011 EMERALD COAST PKWY
DESTIN FL ☒ DELETE

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
S/D
Modlin, Kimberly S.
20011 Emerald Coast Pkwy
Destin, FL ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 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

850-837-8820

CR2E034 (10/97)