

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90049 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33017

1. Corporation Name
JIM PADGETT, INC.

Principal Place of Business
**22314 LAKESIDE DRIVE
PANAMA CITY BEACH FL 32413**

Mailing Address
**22314 LAKESIDE DRIVE
PANAMA CITY BEACH FL 32413**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1991

4. FEI Number

58-1402538

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 139 Glades Turn

Suite, Apt. #, etc.

22

City & State

23 Panama City Beach, FL

Zip

24 32407

Country

25

2a. Mailing Address

26 139 Glades Turn

Suite, Apt. #, etc.

27

City & State

28 Panama City Beach, FL

Zip

29 32407

Country

30

9. Name and Address of Current Registered Agent

**PADGETT, JAMES R.
22314 LAKESIDE DRIVE
PANAMA CITY BEACH FL 32413**

10. Name and Address of New Registered Agent

81 Name

James R. Padgett

82 Street Address (P.O. Box Number is Not Acceptable)

139 Glades Turn

83

84 City

Panama City Beach

FL

85 Zip Code

32407

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	PD	<input type="checkbox"/> DELETE
NAME	PADGETT, JAMES R.	
STREET ADDRESS	22314 LAKESIDE DR	
CITY-ST-ZIP	PANAMA CITY BCH FL	

TITLE	S	<input type="checkbox"/> DELETE
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NAME	PADGETT, LOUISE M.	
STREET ADDRESS	22314 LAKESIDE DR	
CITY-ST-ZIP	PANAMA CITY BCH FL	

TITLE		<input type="checkbox"/> DELETE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

Louise M. Padgett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 (850) 235-4857

Date

Daytime Phone #

CR2E034 (11/98)