Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90159 031 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000003962

1. Corporation Name

PUBLISH	iers warehouse of Pa	NAMA CITY, INC.							
Principal Place	of Business	Mailing Address						1 <b>0</b> 511 <b>40100</b> \$1(1 <b>0</b> \$0)	
1098 WEST 23RD STREET PANAMA CITY FL 32405  142 WEST END AVENUE KNOXVILLE TN 37922 US			JE				DO NOT WRITE IN	HIS SPACE	
							3. Date Incorporated or Qualifed 11/11/1992		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		Applied For
21	- 1	26					<b>59-3150434</b>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional Required
City & State City & State							6. Election Campaign Financing	\$5.0	May Be
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country Zip Cou			intry		8. This corporation owes the current year Intangible			
24	25						Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81	N		10. Name and Address of New Registe	red Agent	
SMIT	TH, DEBBIE L.			°'	Name				
2630 N 38TH STREET				82	Street Address (P.O. Box Number is Not Acceptable)				
HOLLYWOOD FL 33021				83					
	2			"					
				84	City		FL 85 Zip Code		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change wa	as authorized	d hv	the com	corpoi oration	ration submits this statement for the purpos 's board of directors. I hereby accept the a	e of changing f ppointment as i	registered registered
SIGNATURE									
	Signature, typed or printed name of registered age		NOTE: Registered	Agen	t signature i	required v	ADDITIONS/CHANGES TO OFFICER		COPS IN 12
12.				13.		PI		Change	
TITLE	BROOKS, RONALD A			2 NAME AY		a.	ooks, Ronald A. West End Avenue	A	
NAME	142 WEST END AVENUE				ADDDESS	DY	West End Avenue		ì
STREET ADDRESS		LONG BLE THE OTHER		1.3 STREET ADDRESS 4		170	oxuille, TN		ĺ
CITY-ST-ZIP TITLE	P	<b>⊠</b> DELETE				101	orvine, 7 N	Change	Addition
NAME	142 WEST END AVENUE	<b>*</b>	22 NA			l			_ {
	ARREST LANGUESTER			ADDRESS				ĺ	
STREET ADDRESS CITY-ST-ZIP		NOXVILLE TN 37923		ITY-S	-		~ '	m -: -	
TITLE	S	X DELETE	3.1 17			S		Change	Addition
NAME	HUDDLESTON, JARA P	<i>/</i> `	3.2 N	AME		Sw	idenski Jul E.	^	ì
STREET ADDRESS	142 WEST END AVENUE		3.3 ST	TREET	ADDRESS	142	West End Avenue		
CITY-ST-ZIP	KNOXVILLE TN 37922		3.4. C	ity-s	T-ZIP	Kn	iderski, Jill E. 2 West End Avenue 10xville, 7N 37922		
TITLE		☐ DELETE	4,1 π	TLE		-		Change	Addition
NAME			4, 2 N	IAME		1			
STREET ADDRESS			4.3 ST	TREET	ADDRESS				
CITY-ST-ZIP				ITY-SI	r-zip				
TITLE	•	☐ DELETE						☐ Change	e 🗌 Addition
NAME .			5.2 N						(
STREET ADDRESS	•				ADDRESS				1
CITY-ST-ZIP				TY-S1	-ZIP				Addition
TITLE		☐ DELETE						Change	e
NAME			6.2 N		, *DDDC00	l			ł
STREET ADDRESS			0.33	INCE	ADDRESS	I			

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 changes, or one a placement with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP