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

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Soute, Apt. #, etc.	L	ANNUAL RE	V. 107	DI	Sandra B. M Secretary of IVISION OF CO	of State	ONS		
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US  2. Principal Place of Business  2. Mailing Address  2. Mailing Address  3. Fill Number  5. Suite, Apt. #, etc.  City & State  City & State  City & State  2a  Country  Zp  Country  Zp  Country  Zp  Country  B. This corporation has lability for intargible tax under s 199 032, Priorida Statutes  Priorida Statutes  FLEMING, KIM  8730 THOMAS DRIVE  SUITE 1109  PANAMA CITY BEACH FL 32408  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 the statement for the purpose of changing its registered or 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 an familiar with, and accept the colligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, bytest or private name of registered agent and the flancicable  NOTE Pagistered Agent synthemes and where recitating  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1 ITTIE  Change Additional String Additional Change Additional String Additional Change Additional Change Additional String Additional Change Additional Change Additional String Additional Change Additional	8730 THOMAS DRIVE SUITE 1109 PANAMA CITY BEACH FL 32408			#1109 PANAMA	#1109 PANAMA CITY BCH. FL 32408		Date Incorporated or Qualified		
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Suite, Apt. #, etc.    Suite, Apt. #, etc.		ncipal Place of Bus	siness	2a. Mailing A	ddress				
See   Page   P								59-3158334	
Trust Fund Contribution		ite, Apt. #, etc.		`	t. #, etc.			5. Certificate of Status Desired	
Zip		y & State		<u> </u>	ate				4
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  FLEMING, KIM 8730 THOMAS DRIVE SUITE 1109 PANAMA CITY BEACH FL 32408  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 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 an armiliar with, and accept the obligations of, Section 607.0505. Florida Statutes.  SIGNATURE Signature, byled or purses name of registered agent and the if apolicable.  NOTE: Registered Agent is greature required when nonstaining.  DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  NAME FLEMING, KIM STREET ADDRESS DITY-SI-ZIP PANAMA CITY BEACH FL  DELETE 2.1 TITLE  Change Additi NAME STREET ADDRESS DITY-SI-ZIP  Additi NAME 2.2 NAME 2.3 STREET ADDRESS CITY-SI-ZIP  Additi	Zip	) .	—¬ ´	Zip			у	_	
FLEMING, KIM 8730 THOMAS DRIVE SUITE 1109 PANAMA CITY BEACH FL 32408  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 or 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 an armiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, bject or printed name of registered eyent and the if applicable.  NOTE Registered Agent is greature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE D D DELETE  1.1 TITLE  1.2 NAME  STREET ADDRESS  DITY-SI-ZIP  PANAMA CITY BEACH FL  DELETE  2.1 TITLE  2.2 NAME  STREET ADDRESS  STREET ADDRESS  CITY-SI-ZIP  Additionary of the provision of Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  1.4 City  FL  85 Zip Code  1.5 TITLE  1.1 TITLE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  DITY-SI-ZIP  PANAMA CITY BEACH FL  1.4 CITY-SI-ZIP  1.4 CITY-SI-ZIP  1.5 TITLE  1.5 Change  Additionary of Ad	24	O No.				101			
8730 THOMAS DRIVE SUITE 1109 PANAMA CITY BEACH FL 32408  84 City FL B5 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 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 an 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 is gnature registered when reinstating!  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILLE D DELETE 1.1 TILLE Change Addition STREET ADDRESS B730 THOMAS DRIVE, STE 1109 1.3 STREET ADDRESS CITY-SI-ZIP DELETE 2.1 TILLE 2.3 STREET ADDRESS CITY-SI-ZIP Change Addition STREET ADDRESS CITY-SI-ZIP 2.3 STREET ADDRESS CITY-SI-ZIP 2.4 CITY-SI-ZIP 2.4 CITY-SI-ZIP 2.4 CITY-SI-ZIP 2.4 CITY-SI-ZIP 2.5 CITY-SI-ZIP 2.5 CITY-SI-ZIP 2.5 CITY-SI-ZIP 2.5 CITY-SI-ZIP 2.5 CITY-SI-ZIP 2.5 CITY-SI-ZIP 3.5	<del> </del>	8, 114	THE WITH PROGRESS OF CONTROL			81	Name		
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TITLE		Signature, tyl			(NOTE: F		ent signature required	d when re-ristating)	DATE
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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). Fiorida 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 3 if changed, or an an attachment with an address.

6.4 CITY - ST - ZIP

**SIGNATURE:** 

CITY - ST - ZIP

Kim Fleming Owner 4-22-96 904-235-1288