

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Moriam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000032164 (4)**

1. Corporation Name

SR-2B, INC.



Principal Place of Business

Mailing Address

**9523 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32408**

**9523 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32408**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/29/1993

3a. Date of Last Report

08/21/1995

4. FEI Number

59-3186286

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

10. Name and Address of New Registered Agent

**THOMPSON, LESLIE C
9523 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32408**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MARCHI, TEBBIE**
STREET ADDRESS **9523 FRONT BEACH RD**
CITY-ST-ZIP **PANAMA CITY BEACH FL**

TITLE **D** ☐ DELETE
NAME **THOMPSON, LESLIE C**
STREET ADDRESS **9523 FRONT BEACH RD**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **D** ☐ DELETE
NAME **WHITE, DANNY K**
STREET ADDRESS **9523 FRONT BEACH RD**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11

TITLE

12

NAME

13

STREET ADDRESS

14

CITY-ST-ZIP

21

TITLE

22

NAME

23

STREET ADDRESS

24

CITY-ST-ZIP

31

TITLE

32

NAME

33

STREET ADDRESS

34

CITY-ST-ZIP

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TITLE

42

NAME

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STREET ADDRESS

44

CITY-ST-ZIP

51

TITLE

52

NAME

53

STREET ADDRESS

54

CITY-ST-ZIP

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TITLE

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NAME

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STREET ADDRESS

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CITY-ST-ZIP

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Change

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Addition

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), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Danny K White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

CR2E034 (3/96)