## 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 # P93000063380

PARK LOT, INC.

Principal Place of Business
1310 REDWOOD AVE.
PANAMA CITY FL 32401

Mailing Address

P.O. BOX 35374 PANAMA CITY FL 32412

## FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90043 001 \*\*\*150.00



				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 09/13/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3211390	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		39 32 1 1300	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Zìp	Country	Zìp	Country	8. This corporation owes the current year Int	angible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
REPVANT POWLETT W					
BRYANT, ROWLETT W				ISS (P.O. Box Number is Not Acceptable)	
OSS TARRISON AVE.				3.10 Redwood AUR	
PANAMA CITY FL 32401					
}			84 City (	()-1/ =:	85 Zip Code
				tavama City FL	32401
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 objigations of, Section 607.0505, Florida Statutes.					
2-27.00					
SIGNATURE Synature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstalling)  DATE ,					
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOODY III, JAMES R		1.2 NAME		
STREET ADDRESS	P.O. BOX 35374 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		{
STREET ADDRESS			2.3 STREET ADDRESS		ļ
елу <b>ет 7ю</b>			2 ACITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		•	3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		[
πιΈ		☐ DELETE	4.1 TITLE		Change
NAME.		•	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 T/TLE		☐ Change ☐ Addition
NAME			5.2 NAME		(
STREET ADDRESS			5.3 STREET ADDRESS		[
Dittal Styzip			5.4 CITY-ST-ZIP		[
IIILE		☐ DELETE	6.1 TITLE		Change Addition
			6.2 NAME		[
		,	6.3 STREET ADDRESS		ĺ
ST-ZIP			6.4 CITY+ST-ZIP		
	<u> </u>				

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.

- NATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

3-25-99

850-785-6139

Daytime Phone #