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

PROFIT CORPORATION ANNUAL REPORT

-1998

ě

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024483 (7)

VIDEO CITY OF PANAMA CITY INC.

Principal Place of Business Mailing Address 1801 LISENBY AVE POB 15847 PANAMA CITY FL 32405 STE A DO NOT WRITE IN THIS SPACE PANAMA CITY FL 32405 3. Date Incorporated or Qualified 03/25/1994 2. Principal Place of Business 2a. Mailing Address Applied For 1826 LISCNBY 26 59-3230627 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PABON, MIGUEL 4024 TRANSMITTER RD Street Address (P.O. Box Number is Not Acceptable) 82 PANAMA CITY FL 32401 83 84 City 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 polynations of, Section 607.0505. Florida Statutes. MIGUER A 4-15-98 SIGNATURE registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE PABON, CARLOS NAME 1.2 NAME 4024 TRANSMITTER RD STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE PABON, GLORIA NAME 2.2 NAME **4024 TRANSMITTER RD** STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE PABON, MIGUEL NAME 3.2 NAME 4024 TRANSMITTER RD STREET ADDRESS 3.3 STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

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 attaching with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST-7IP

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CHATURE MIGHT A VILOR MIGHT A DA

4-15-98

G177/16 6216

Change

___ Addition

Addition

FILED

Apr 17 1998 8:00am

Secretary of State