PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90189 007 ***150.00

i. Corporation	INCORPORATED				
Principal Place	e of Business	Mailing Address		1124112	
345 WEST '4TH		345 WEST 14TH ST.			
PANAMA CITY	FL 32401	PANAMA CITY FL 32401		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
				04/13/1994	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3242673	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	_ 	30	Personal Property Tax.	Yes No
	9. Name and Address of Currer	n Registered Agent	81 Name	10. Name and Address of New Register	
НАМ	IM, TOMMY JR.			Piane C. Hare, CPA	<u>9</u>
345 WEST 14TH ST.		82 Street Addr	ress (P.O. Bo) Number is Not Acceptable) 03 South Hanway	77 Sinito A	
PANAMA CITY FL 32401		83	03 Spatil Highway	11, 0011121	
			84 City Cu	NN Howen F	EL 185 3244
office or r	egistered agent, or both, in the State	cf Florida. Such change was ા	s, the above-named corp thorized by the corporate	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its registered or cintment as reg stered
J	m familiar with, and accept the obliga	Mous of, Section 607.0303, 187	da Glatotes.	04-08	- 22
SIGNATUFE	Signature, typed or printed name of registered age	nt and title if applicable (NOT E.	Registered Agent signature require	ed when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PRES	I I DELETE	1.1 TITLE		☐ Change ☐ Addition
		☐ OELETE			
NAME	HAMM, TOMMY S	- Detele	1.2 NAME		
STREET ADDRE 3S	HAMM, TOMMY S 345 WEST 14TH STREET	□ DECEIE	1.3 STREET ADDRESS		
STREET ADDRE 3S CITY-ST-ZIP	HAMM, TOMMY S 345 WEST 14TH STREET PANAMA CITY FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
STREET ADDRE 3S CITY-ST-ZIP TITLE	HAMM, TOMMY S 345 WEST 14TH STREET PANAMA CITY FL VP	□ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
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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 poem are of 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 ap attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #