

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

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---



**DOCUMENT # P94000056222 (0)**  
1. Corporation Name  
**HEADS UP CONSTRUCTION INC. OF PANAMA CITY BEACH**

Principal Place of Business <b>13510 A MIDDLE BEACH ROAD D PANAMA CITY BEACH FL 32407 US</b>	Mailing Address <b>13510 A MIDDLE BEACH ROAD D PANAMA CITY BEACH FL 32407 US</b>
---	---

2. Principal Place of Business 21 <b>13508 Middle Beach Rd.</b> Suite, Apt #, etc. 22 <b>Suite A</b> City & State 23 <b>Panama City Beach, Fl.</b> Zip Country 24 <b>32407</b> 25 <b>Bay</b>	2a. Mailing Address 26 <b>13508 Middle Beach Rd.</b> Suite, Apt #, etc. 27 <b>Suite A</b> City & State 28 <b>Panama City Beach, Fl.</b> Zip Country 29 <b>32407</b> 30 <b>Bay</b>
---	--

3. Date Incorporated or Qualified <b>07/28/1994</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>59-3268000</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HEAD, NATHAN L  
13510 D MIDDLE BEACH RD.  
PANAMA CITY BEACH FL 32407**

10. Name and Address of New Registered Agent

81 Name <b>SAME</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>13508 A Middle Beach Rd.</b>
83
84 City <b>Panama City Beach, FL</b>
85 Zip Code <b>32407</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>HEAD, NATHAN L</b>	
STREET ADDRESS <b>13510 A MIDDLE BEACH ROAD</b>	
CITY-ST-ZIP <b>PANAMA CITY BEACH FL 32407</b>	
TITLE <b>VPST</b>	<input type="checkbox"/> DELETE
NAME <b>NATHAN LEE HEAD</b>	
STREET ADDRESS <b>13510 D MIDDLE BEACH RD</b>	
CITY-ST-ZIP <b>PANAMA CITY BEACH FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS <b>13508 A Middle Beach Rd.</b>	
1.4 CITY-ST-ZIP <b>Panama City Beach, FL 32407</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS <b>13508 A Middle Beach Rd.</b>	
2.4 CITY-ST-ZIP <b>Panama City Beach, FL 32407</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this form 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 supplement to 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 officer 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.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ **4/22/97** **904-234-9771**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)