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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-S1-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400070132 (3)

GULF GLO BANNERS OF BAY COUNTY, INC.

Principal Plan	o of Business	Mailing Address	Mailing Address						## #
Principal Place of Business 8808 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407			.						
		P.O. BOX 9591 PANAMA CITY BEACH FL 32417-9591							
US									
		•				3. Date Incorporated or Qualified		ate of Last	,
3 0	lace of Business					09/22/1994	06	<u>/25/1996</u>	
· ·	nace of Business	2a. Mailing Address				4. FEI Number		⊢ +	Applied For
Suile, Apt.	# sto	26 Suite Act # etc				59-3269325			Not Applicable
· ·	#, C (C.	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional
City & Stat	0	City & State						·	Required
23	28	Lorano			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
		Zip	ID Country					····	
24	25 29		30	,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
- 1	9. Name and Address of Curr		1001			10. Name and Address of New Reg			
HES	SS, BRIAN D			81	Name				******
	3 FRONT BEACH ROAD				5				
	NAMA CITY BEACH FL 32407			82	Street Addi	ress (P.O. Box Number is Not Acceptable	le)		
'''	Tall Oll De toll Le Ce to		-	83	 				
				84	City		FL	85 Zij	p Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida State	iles, the at		e-named corr	poration submits this statement for the p	urpose o		its registered
office or i	egistered agent or both, in the Sta imitarnilar with land accept the obj	te of Florida, Such change was	authorized	d by	the corporal	poration submits this statement for the protion's board of directors. I hereby acception	t the app	ointment a	as registered
	and according to the	gadoris or, decdo i bor baga, i	onua otat	utes	3.				
SIGNATURE	Signation typical or pointed harner of regranded at	quor and triu if applicable (NC	DIE Registered	1 Age	ent signature requi	ired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS ANI	DIRECTO	ORS IN 12
TIECE	PD	DELETE	1.1 TIT	LE				Change	Addition
NAME	WENTZ, HARLAN L		1.2 NA	ME	i				
STREET ADDRESS	8808 FRONT BEACH ROAD		1.3 ST	REET	ADDRESS				
CITY+ST-ZIP	PANAMA CITY BEACH FL 3:		14 CF	TY - \$	ST-ZIP				
TITLE	STD	☐ DELETE	21 111	LE				Change	e 🔲 Addition
NAME	WENTZ, KAREN L		2.2 NAME						
STREET ADDRESS	8808 FRONT BEACH ROAD		2 3 ST	REET	ADDRESS				
City - St - Zip	PANAMA CITY BEACH FL 3:		2 4 01	TY-S	ST-ZIP		ياد سيم.		
TITLE		☐ DELETE	3.1 TH	LE				Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	RE.ET	ADDRESS				
CITY-ST ZIP			3.4 CI		ST-ZIP			_	
TATLE		DELETE	4.1 117	LE				Change	Addition
NAME			4. 2 NA	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT		T-ZIP		······· · · · · · · · · · · · · · · ·		
THTLE		☐ DELETE	5.1 TIT					Change	e Addition
NAME			5.2 NA						
STREET ADDRESS			5.3 ST	REET	ADDRESS				
COTY - ST - ZIP			5.4 C()		T-ZIP				
TIME		☐ DELETE	6 1 TIT	LE				☐ Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 \$11	REET	ADDRESS				

6.4 CITY-ST-ZIP 14. I do 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