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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000070132
1. Corporation Name	1 0 1000010102

CHIE CLO PANNEDS OF DAY COUNTY INC

GULF GI	LO BAININENS OF BAT CC	JUNI I,	INC.					
Driverine) Bloom	f Dunings	M	ailing Address				—	E TTERM TEME
Principal Place			•					
8808 FRONT BE). BOX 9591 Nama city reach el 3	22417				
PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32417 US			AZ-911	DO NOT WRITE IN THIS SPACE				
••							3. Date Incorporated or Qualifed	
							09/22/1994	i
2. Principal Pl	ace of Business	2a.	Mailing Address					plied For
21	ado or Basiness	26					\ \————————————————————————————————	t Applicable
Suite, Apt.	# etc	1201	Suite, Apt. #, etc.				_ \$8.75	
22	management of the management of the con-	27					5. Certificate of Status Desired	
City & State		11	City & State		_		6. Election Campaign Financing 55.00	May Be
23		28	•					to Fees
Zip	Country		Zip	Сои	ntry		8. This corporation owes the current year Intangible	
24	25	29	'	30	-		Personal Property Tax.	□No
24	9. Name and Address of Curr		tered Agent	301	Γ		10. Name and Address of New Registered Agent	
·		<u></u>			81	Name		
HES	s, Brian D							
	FRONT BEACH ROAD				82	Street Add	fress (P.O. Box Number is Not Acceptable)	ļ
	AMA CITY BEACH FL 32407				83			
					"	_		
					84	City	FL 85 Zip	Code
					Ì	<u> </u>	1 <u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	istarod
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Floric	la. Such change was al	uthorized	1 bv	the corporati	poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re	gistered
SIGNATURE	•	-						ţ
SIGNATURE	Signature, typed or printed name of registered a	gent and title	f applicable. (NOTE	Registered	Ager	nt signature require	red when reinstating) DATE	_
12.	OFFICERS /	AND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	PD		☐ DELETE	1.1 TI	πE		☐ Change	☐ Addition
NAME	WENTZ, HARLAN L			1.2 N	AME	}		}
STREET ADDRESS	8808 FRONT BEACH ROAD			1.3 \$1	REE	TADDRESS		1
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407			1.4 CF	TY-S	T-ZIP		
TITLE				2.1 ₹₹			☐ Change	Addition
NAME	WENTZ, KAREN L			2.2 NA	ME	1		
STREET ADDRESS	8808 FRONT BEACH ROAD					TADDRESS		ĺ
	PANAMA CITY BEACH FL 32	407		ı		ST-ZIP		[
CITY-ST-ZIP	CONTRACTOR DENOTED LA		DELETE	3.1 TI			☐ Change	Addition
NAME			<u> </u>	3.2 N		1		
						T ADDRESS		
STREET ADDRESS				- E		Į.		
CITY-ST-ZIP			☐ DELETE	3.4. C		ST-ZIP	Change	Addition
TITLE			□ occeie					
NAME				4. 2 N		[₹.]
STREET ADDRESS						TADDRESS		}
CITY-ST-ZIP				4.4 CI		T-ZIP		T Addition
TITLE			☐ DELETE	5.1 Tr			☐ Change	☐ Addition
NAME				5.2 N/				(
STREET ADDRESS						TADDRESS		ļ
CITY-ST-ZIP				5.4 CI		T-ZIP		
TITLE			☐ DELETE	6.1 11	TLE		Change	Addition [

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP