

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000080090 (1)**

1. Corporation Name

PHOENIX OF BAY COUNTY, INC.



Principal Place of Business

Mailing Address

**6717 BROWARD ST
PANAMA CITY BEACH FL 32408**

**6717 BROWARD ST
PANAMA CITY BEACH FL 32408**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

05/17/1995

4. FEI Number

59-3278410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

**SLOAN, TIMOTHY J
427 MCKENZIE AVE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed (typed or printed name of registered agent if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D ANDERSON, JERRY C**
STREET ADDRESS **6717 BROWARD ST**
CITY, ST, ZIP **PANAMA CITY BEACH FL 32408**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS

14 CITY, ST, ZIP
21 TITLE
22 NAME
23 STREET ADDRESS

24 CITY, ST, ZIP
31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY, ST, ZIP
41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY, ST, ZIP
51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY, ST, ZIP
61 TITLE
62 NAME
63 STREET ADDRESS

64 CITY, ST, ZIP
71 TITLE
72 NAME
73 STREET ADDRESS

74 CITY, ST, ZIP
81 TITLE
82 NAME
83 STREET ADDRESS

84 CITY, ST, ZIP
91 TITLE
92 NAME
93 STREET ADDRESS

94 CITY, ST, ZIP
101 TITLE
102 NAME
103 STREET ADDRESS

104 CITY, ST, ZIP
111 TITLE
112 NAME
113 STREET ADDRESS

114 CITY, ST, ZIP
121 TITLE
122 NAME
123 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Jerry C Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)