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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080090 (1)

PHOENIX OF BAY COUNTY, INC.

| 6717 BROWAI | oe of Business RD ST 7 BEACH FL 32408 | Mailing Address 6717 BROWARD ST PANAMA CITY BEACH FL 32408-6205 | | | | | | | | |
|---|---|---|-----------------------------------|---------------|------------------|-----------------|--|--------------------------------|---------------------------|------------|
| | | | | | | | te Incorporated or Qualified 1/28/1994 | | ate of Last Re 28/1996 | port |
| 2. Principal F 21 | Place of Business | 2a. Mailing Address 26 | ļ ₁ | | | 1 | Number 59-3278410 | Applied For Not Applicable | | |
| Surte, Apt. #. etc. | | Suite, Apt. #, etc | Suite, Apt. #, etc. | | | 5. Ce | rtificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | | City & State | 28 | | | | ction Campaign Financing st Fund Contribution | | \$5.00 Added to | |
| Zip 24 | Country 25 | Zip 29 | 30 | untry | / | fio | | Yes [|] No | 199.032, |
| 9. Name and Address of Current Registered Agent | | | | | т | 10. Na | me and Address of New Re | gistered . | Agent | |
| SLOAN, TIMOTHY J | | | | | Name | | | | | |
| 427 MCKENZIE AVE PANAMA CITY FL 32401 | | | | 82 | Street Add | fress (P.O. | Box Number is Not Acceptat | ole) | | |
| | | | | 83 | | | | | | |
| | | | | | City | | | FL | 85 Zip C | Jode |
| . agent La | registered agont, or both, in the Sta am family with, and accept the obli- signal, have to protections or log-times | gations of, Section 607.050 | 5, Florida Sta (NOTE: Register | ed Ag | y the corporals. | ired when reins | slating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS DELETE | | 13 | | | ADL | DITIONS/CHANGES TO OFFIC | ERS AND | | |
| TIFLE | D ANDERSON ICERNA | LJ DELEH | | IITLE | | | | | ☐ Change | ☐ Addition |
| NAME | ANDERSON, JERRY C 6717 BROWARD ST | | | NAME | | | | | | |
| STHEET ADDRESS | PANAMA CITY BEACH FL 3 | 2400 | - 1 | | T ADDRESS | | | | | |
| C:TY - ST - ZIP TITLE | TANAMA ON I BEAUTIE O | I. DELET | | INTLE | ST-ZIP | | | | Change | Addition |
| NAME | | " · | | NAME | | | | | | |
| STREET ADDRESS | | | 23 | STREET | T ADDRESS | | | | | |
| City - \$1 - 7th | | | 2.4 | Cify- | ST-ZIP | | | ·· n • · · | | |
| TOLE | | ☐ DELFTI | E 31 | TITLE | | | • | | Change | Addition |
| NAME | l | | 3.2 | NAME | | | | | | |
| STREET ADDRESS | | | | | TADDRESS | | | | | |
| City-St-72 | | DELET | | | \$T-ZIP | | | | Change | Addition |
| TITLE | | C Offil | | TITLE | | | | | Change | E ADDITION |
| NAME STREET ADDRESS | | | | NAME STREE | T AOORESS | | | | | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | | | |
| TITLE | | DELET | | TITLE | 31 - (IF | | *************************************** | | Change | Addition |
| NAME | | | | NAME | 1 | | | | _ * | _ |
| STREET ADDRESS | | | | | T ADDRESS | | | | | |
| City-S1-2iP | | | | | ST · ZiP | | | | | |
| TITLE | | DELET | | TITLE | | | 7,111,11 | | Change | Addition |

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 cooperation or the roce ver or prustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or on an attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

Date

Dayline Phone #

FILED

Jan 16 1997 8:00am

Secretary of State