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

**FILED** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Apr 28 1998 8:00 am ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 Secretary of State DOCUMENT # P94000080090 (1) PHOENIX OF BAY COUNTY, INC. Principal Place of Business Mailing Address 6717 BROWARD ST 6717 BROWARD ST PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1994 2a. Mailing Address 2. Principal Place of Business Applied For 59-3278410 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SLOAN, TIMOTHY J 427 MCKENZJE AVE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 E 84 City 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 name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE Change Addition ANDERSON, JERRY C NAME 1.2 NAME 6717 BROWARD ST STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY BEACH FL 32408 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 6.1 YITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

City-ST-ZIP