

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000092564 (1)

1. Corporation Name

PROFESSIONAL COMMUNICATION SERVICES OF BAY COUNT
Y, INC.



Principal Place of Business

Mailing Address

213 SCOOTER DR.
PANAMA CITY BEACH FL 32408

213 SCOOTER DR.
PANAMA CITY BEACH FL 32408

3. Date Incorporated or Qualified
12/22/1994

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 18045
Suite, Apt. #, etc.

22 City & State

27 City & State
28 PANAMA City Bch, FL

23 Zip Country

29 32417 Bay

4. FEI Number
59-3285131

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCRUGGS, JANET A
213 SCOOTER DR.
PANAMA CITY BEACH FL 32408

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

For a full typed copy of this statement of registered agent and the corporation, see the back of this form.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
D SCRUGGS, JANET A
213 SCOOTER DR.
PANAMA CITY BEACH FL 32408

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ DELETE

1.2 NAME

1.3 STREET ADDRESS ☐ DELETE

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ DELETE

1.4 CITY-ST-ZIP

2.1 TITLE ☐ DELETE

2.1 TITLE

2.2 NAME ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS ☐ DELETE

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ DELETE

2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.1 TITLE

3.2 NAME ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS ☐ DELETE

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ DELETE

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.1 TITLE

4.2 NAME ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ DELETE

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.1 TITLE

5.2 NAME ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ DELETE

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.1 TITLE

6.2 NAME ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ DELETE

6.4 CITY-ST-ZIP

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

Janet A. Scruggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96

Date

904-233-8733

Daytime Phone #

CR2E034 (12/95)