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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000092564

1. Corporation Name

PROFESSIONAL COMMUNICATION SERVICES OF BAY COUNT Y, INC.

Prir	cipal Place of Business	

Mailing Address

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90013 017 \*\*\*150.00



213 SCOOTER DR. PANAMA CITY BEACH FL 32408	POB 18045 Panama City Beach FL 324 US	PANAMA CITY BEACH FL 32417			DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed 12/22/1994	
2. Principal Place of Business	2a. Mailing Address					pplied For
	<u> </u>	. Malling Address			· · · · · · · · · · · · · · · · · · ·	ot Applicable
21 8317 Front Beach Road		26			30 0200 10 1	Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.				6 Cortifects of Status Desired	equired
22 Suite 37B City & State	City & State	City & State			4	May Be
· _	28			_		to Fees
23 Panama City Beach - FI Zip Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible	
24 32407 25 Bay	29 30	٦ .	•		Personal Property Tax.	No
9. Name and Address of Current		1			10. Name and Address of New Registered Agent	
	,		81	Name		
SCRUGGS, JANET A					ggs, Janet A	
213 SCOOTER DR.			Scruggs, Janet A  82 Street Address (P.O. Box Number is Not Acceptable)			
PANAMA CITY BEACH FL 32408			83	031/	Front Beach Road	
TANAMA ON T BENOTITE GETGG				Suite	9 37B	_
			84	City	<b> 85</b> Zip	Code 407
44 5 607 077 070	2 1 007 4500 Florida Park 4-0	Abo ol		Pana	ma City Beach FL 32	4U/
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate	2 and 607.1508, Florida Statutes, of Florida. Such change was auth- ions of, Section 607.0505, Florida	orized Statu	bove I by I utes.	the corporation	noration submits this statement for the purpose of changing its on's board of directors. I hereby accept the appointment as re	gistered
SIGNATURE Sant 1 Den	us Jan	12.1		9Scr	LUGOS 2-15-99  Id when binchaird DATE	
signature, typed or printed name of registered agen			Ageni	i signature require		
12. OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
D Pres, Sec, Tre	S DELETE	1.1 11	TLE		☐ Change	☐ Addition
NAME SCRUGGS, JANET A		1.2 NA	ME	-		
STREET ADDRESS 213 SCOOTER DR.		1.3 ST	REET	ADDRESS		,
CITY-ST-ZIP PANAMA CITY BEACH FL 3240	8	1.4 CI	TY-\$T	r-ZIP		
TITLE Vice-Pres	☐ DELETE	2.1 777	ΓLE		Change	Addition
NAME   Scruggs, Charles	. М.	2.2 NA	ME			
street ADDRESS 213 Scooter Driv	re	2.3 ST	REET	ADDRESS		
CITY-ST-ZIP Panama City Beac	h, FL 32408	2.4 C	ITY-S	T-ZIP		
TITLE	☐ DELETE	3.1 TII	ΠE	-	Change	☐ Addition
NAME	į	3.2 NA	ME	1		
STREET ADDRESS		3.3 ST	REET	ADDRESS		
CITY-ST-ZIP		34 C	ITY-S	T-ZIP		
TITLE	☐ DELETE	4.1 TF	TLE		Change	☐ Addition
NAME		4. 2 N	AME	j		
STREET ADDRESS		4.3 ST	REET	ADDRESS		
CITY-ST-ZIP		4.4 CI	TY-ST	r-ZiP		
TITLE	☐ DELETE	5.1 TI			☐ Change	Addition
NAME		5 2 NA	ME.			
STREET ADDRESS		5.3 S1	REET	ADDRESS		
CITY-ST-ZIP		5.4 Cf	TY-ST	r-ZIP		
TITLE	☐ DELETE	6.1 Tr			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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP