SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550'(IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500009011 (4)

EXTRE	ME TAN,	INC.		` '				
Principal Plac	e of Busines	s	Mailing Addre	ess			I ADDITION HID COLURY BRIDE BARRED BARRED BA	
8128 FRONT BEACH RD 8128 FRONT BEACH RD								
STE D PANÁMA CIT	Y BËACH FL		STE D PANAMA CITY BEACH FL 32407			DO NOT WRITE	E IN THIS SPACE	
1					-10.		3. Date Incorporated or Qualified	3a. Date of Last Report
							_01/31/1995	08/28/1996
2. Principal P	lac e o f Busi	ness	— ·	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# etc		26 Suite Ant	Suite, Apt. #, etc.			59-3293650	Not Applicable
22	n, 010.			27			Certificate of Status Desired	Fee Required
City & Stat	e			City & State			6. Election Campaign Financing	\$5.00 May Be
23			28	28			Trust Fund Contribution	☐ Added to Fees
Zip	Country		Zip	· —		1	8. This corporation owes or has pa	
24	25 29			31				
9. Name and Address of Current Registered Agent						Name	10. Name and Address of New Re	egistered Agent
SPIVEY, CHARLES P					81	Name		
8128 FRONT BEACH RD					62	Street Add	iress (P.O. Box Number is Not Accepta	ble)
STE D PANAMA CITY BEACH FL 32407					83			
['^	IN CHINCH	DENOTITE SE	101		84	City		les Zio Codo
						City		FL 85 Zip Code
11. Pursuant office or r	to the provis	ions of Sections 6 ient, or both, in the	07.0502 and 607.1508, Fk State of Florida, Such ch	orida Statutes ange was aut	, the abov Inorized b	e-named cor	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
l ·	m femiliar w	ith, and accept the	obligations of, Section 60	07.0505, Florid	da Statute	s.	ation's board of directors. I hereby acce	
SIGNATURE	Signature, typed	or printed name of regis	ared agent and title it applicable.	(NOTE: F	Registered Age	ont signature requ	ired when reinstating)	DATE
12.		OFFICE	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	
TITLE	D DELETE			DELETE	1.1 TITLE	•		Change L Addition
NAME	SPIVEY, CHARLES P				1.2 NAME			
STREET ADDRESS 556 LAGOON OAKS DR						ADDRESS	1000023	2452311 /9701085014 /5.00 ******165160***
CITY-ST-ZIP	1000000				1.4 CITY - ST - ZIP 2.1 TITLE		-07/23/	/9/U1U85U14
TITLE NAME	_				2.1 MILE 2.2 NAME		*************************************)2.UU ⊏####1694@@∾\
STREET ADDRESS	at the fit cannot be				2.3 STREET ADDRESS			
	CITY-ST-ZIP PANAMA CITY BEACH FL 32408							
TITLE	DELETE			DELETE	2 4 CITY - ST - ZIP 3.1 TITLE			☐ Change ☐ Addition
NAME				3.2 NAME				
STREET ADDRESS					3.3 STREET	ADDRESS		
CITY-ST-ZIP					3.4. CITY -			
TITLE				DELETE	4.1 TITLE			Change Addition
NAME					4. 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS				
CITY-ST-ZIP				4.4 CITY-ST-ZIP				
TITLE DELETE				DELETE	5.1 TITLE			Change Addition
NAME 🔪					5.2 NAME	Ì		
STREET ADDRESS					5.3 STREET	ADDRESS		
CITY-ST-ZIP					5.4 CITY - 5	IT- ZIP		
TITLE				DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME					6.2 NAME			

63 STREET ADDRESS

6.4 CITY-ST-ZIP

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 eath; 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.

SECRETARY OF STATE DIVISION OF CORPORATIONS

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