Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90060 005 ***158.75

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 # P95000096175

1. Corporation Name

FLORIDA	A WEST PHOPERITES, INC.											
Principal Place	e of Business	М	lailing Address				1	I IBSIIATI HE IBIDI BIHI	A Biti Matri A Brit	E8118 IB118 B1181 I		I BIN IFBI
2430 LISENBY AVE 2430 LISENBY												
PANAMA CITY FL 32405 PANAMA CITY FL 32405							DO NO.	TIMOITE IN	TUIC CDACE			
US US							DO NOT WRITE IN THIS SPACE					
								ate Incorporated or Qu 2/20/1995————	allieu		_	
Principal Place of Business 2a. Mailing Address							2/20/1990		·	Applie	ed For	
2. Principal Place of Business							ſ	9-3364264				pplicable
21 Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				3,	3 3304204		\$8.7	5 Add	`
22		27	27				5. C	ertifcate of Status Des	ired 🗹		Requi	
City & State		21	City & State				6 FI	ection Campaign Fina	ncina —	\$5.1	00 ма	ıv Be
23		28	28				1	ust Fund Contribution	g		ed to F	
Zip Country			Zip Country				8. Ti	nis corporation owes the	e current yea	ar Intangi≱le		
24	25	29		30			Po	ersonal Property Tax.		√ Yes		No
	9. Name and Address of Curren	nt Regi:	stered Agent				10. N	ame and Address of	New Registe	ered Agent		
				81	l Na	me						
LINDSEY, WAYNE G			82	Str	eet Addres	ss (P.O	. Box Number is Not A	cceptable)				
2430 LISENBY AVEN				1		`						
PAN	AMA CITY FL 32405			83	1							
				84	Cit	y				85 2	Zip Cod	ie
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FL °'	- :+	-i-ta-a-d
office or t	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Flori	ida. Such change was al	uthorized by	/ the c	ned corpor corporation	ration s n's boar	d of directors. I hereby	accept the a	appointment a	s regist	lered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title	if applicable. (NOTE	: Registered Age	ent signa	ture required v	when reins	stating)	DA	TE		
12.	OFFICERS AN			13.			AD	DITIONS/CHANGES	O OFFICER			
TITLE	PD		DELETE	1.1 TITLE						Char	nge	☐ Addition
NAME	LINDSEY, GEORGE M			1.2 NAME						_		
STREET ADDRESS	2400 ST. ANDREWS BLVD.			1.3 STREE	TADDR	ESS 24	30	LISENBY	AVEN	ue		
CITY-ST-ZIP	PANAMA CITY FL 32405			1.4 CITY-5	ST-ZIP			<u> </u>				
TITLE	STVD DELETE 211		2.1 TITLE		-			=·	_ L Chai	nge	☐ Addition	
NAME	LINDSEY, WAYNE G (ASST)			2.2 NAME								
STREET ADDRESS	2400 ST. ANDREWS BLVD.			2.3 STREE	T ADOR	ESS 24	-30	LISENBY	AVE	NUE		
City-St-ZIP	PANAMA CITY FL	1		2.4 CITY-	ST-ZIP							P-1 A 1 1111
TITLE	STD		☐ DEFELE	3.1 TITLE		Ì				Char	nge	Addition
NAME	FLOYD, HOWARD H	LOYD, HOWARD H		32 NAME					4 104	1,,5		
STREET ADDRESS	2400 ST. ANDREWS BLVD.			3 3 STREE	ET ADDR	RESS 24	-30	LISENBY	AVEN	JUE		•
CITY-ST-ZIP	PANAMA CITY FL 32405			3.4. CITY-	ST-ZIP							
MILE			☐ DELETE	4.1 TITLE						☐ Char	nge	☐ Addition
NAME				4, 2 NAME		Ì						
STREET ADDRESS				4.3 STREE	ET ADOF	RESS						
CITY-ST-ZIP				4.4 CITY-	ST-ZIP							□ A J.Fe
TITLE												
NAME			☐ DELETE	5.1 TITLE						☐ Char	·yc	Addition
STREET ADDRESS			☐ DELETE	5.2 NAME		7500				∐ Char	-gc	Addition
			☐ DELETE	5.2 NAME 5.3 STREE	T ADDF	RESS				∐ Char	·yc	∐ Addition
CITY-ST-ZIP				5.2 NAME 5.3 STREE 5.4 CITY-	ET ADDF ST-ZIP	RESS						
TITLE			☐ DELETE	5.2 NAME 5.3 STREE 5.4 CITY-: 6.1 TITLE	ET ADDF ST-ZIP	RESS				Char		Addition
				5.2 NAME 5.3 STREE 5.4 CITY-	ST-ZIP							

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: __

CITY-ST-ZIP

WHITE Lines 2/26/99 850 763 4533