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

PROFIT CORPORATION ANNUAL REPORT



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

4,29-96 1904-233-4500

1996

STREET ADDRESS

SIGNATURE: A

CITY-ST-ZIP

DOCUMENT #

1. Corporation Name

P96000000040 (1)

CONNIE'S CONDO CONNECTION, INC.

Principal Place of Business		Mailing Address				·· ·		
8833 FRONT BE	EACH ROAD BEACH FL 32407	8833 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407	,					
	22.00				3. Date Incorporated or Qualified 12/21/1995	3a. Date		
2. Principal Place 88331	Front Fich. R.C. 9,61	2a. Mailing Address 8833 26 RANAMA (149 Fee	St.	13240	14. FEI Number 335134	/	N	pplied For lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional Required	
City & State	A City Bearly F1	ANAMA City Bih 11		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Banded to Fees			to Fees	
Zip 32-40	7 25 DAY	29 72407 30	ounter	oy	This corporation has liability for Florida Statutes Yes Name and Address of New Florida	No		199.032,
	9. Name and Address of Current	Hegistered Agent	81	Name	IV. Name and Address of New 1	egistered A	gont	
BARNHILL, CONSTANCE				Street Addre	ldress (P.O. Box Number is Not Acceptable)			
	NT BEACH ROAD CITY BEACH FL 32407		83					
PANAMA I	OITI DEAUTI FE 32407		84	City			85 Zip	Code
				1	ation submits this statement for the pu	<u> </u>		
SIGNATURE	n, and accept the obligations of, Section and accept the obligations of section and accept the obligators, typed or printed name of registered agent a	nd tale if application (NOTE: Regist	ered Age	nt signature required	l when renstatogi ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
12.	OFFICERS AND		. 1 TIJLE	T	ADDITIONS/OFFANGES TO OFF		7 Change	Addition
TITLE NAME	D Barnhill, Constance	 -	.2 NAME				-	
STREET ADDRESS	7813 NO. LAGOON DRIVE 1D			I ADDRESS				
CITY-ST-ZIP	PANAMA CITY BEACH FL 324).8	.4 OITY-5	ST-ZIP				
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NAME		2	2 NAME					
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STREET ADDRESS CITY-ST-ZIP			3.4 CITY-	1				
TITLE			1 TITLE			Ē	Change	Addition
NAME			4.2 NAME					
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CITY-ST-ZIP			4.4 CITY -		- Harrison		T Change	☐ Addition
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NAME			5 2 NAME	i				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY - 6. 1 TITLE			r	Change	Addition
TITLE NAME			6.2 NAME			_	*	_
NAME.			O.L HENRY L					

6.3 STREET ADDRESS

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)(i), Fiorida 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 Elgck 13 if changed 1950 in an attackment with an address. 64 CITY - ST - ZIP