

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028287

1. Corporation Name
FIVE PALS, INC.

Principal Place of Business
1121 PIERSON DR
LYNN HAVEN FL 32444

Mailing Address
1121 PIERSON DR
LYNN HAVEN FL 32444

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90002 043 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/21/1996

4. FEI Number **59-3377619**
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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BASSETT, JEFFREY C
220 MCKENZIE AVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WALTERS, LEON L SR | |
| STREET ADDRESS | 1121 PIERSON DR | |
| CITY-ST-ZIP | LYNN HAVEN FL 32444 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BLAND, LARSON M | |
| STREET ADDRESS | 2638 ISLAND VIEW DR | |
| CITY-ST-ZIP | PANAMA CITY FL 32405 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KENNON, J B | |
| STREET ADDRESS | 4511 VISTA LANE | |
| CITY-ST-ZIP | LYNN HAVEN FL 32444 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | OWENS, FLOYD | |
| STREET ADDRESS | 710 MISSISSIPPI AVE | |
| CITY-ST-ZIP | LYNN HAVEN FL 32444 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BASSETT, JEFFREY C | |
| STREET ADDRESS | 2643 FEROL LN | |
| CITY-ST-ZIP | LYNN HAVEN FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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.

SIGNATURE:

Resignation Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/99

850-265-5314
Daytime Phone #

CR2E034 (5/99)