FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Jun 17 1997 8:00am
Secretary of State

DOCUMENT # P96000044486 (4)

1. Corporation Name

POLARIS OF BAY COUNTY, INC.

Principal Place of Business	Mailing Address
1002 W. 23RD STREET, SUITE 350 PANAMA CITY FL 32405	1002 W. 23RD STREET, SUITE 350 PANAMA CITY FL 32405-3648

3. Date Incorporated or Qualified **05/24/1996**		**3a.** Date of Last Report

2. Principal Place of Business
[21] 106 THOMAS DRIVE
Suite, Apt. #, etc. [22]
City & State [23] PANAMA City BEACH, FL
Zip [24] 32408 [25] BAY

2a. Mailing Address
[26] 106 THOMAS DRIVE
Suite, Apt. #, etc. [27]
City & State [28] PANAMA City BEACH, FL
Zip [29] 32408 Country [30] BAY

4. FEI Number 59-3381656 | 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GIOIELLO, JOHN L~~
~~1002 W. 23RD STREET, SUITE 350~~
~~PANAMA CITY FL 32405~~

10. Name and Address of New Registered Agent

[81] Name William D. CRAIGHEAD
[82] Street Address (P.O. Box Number is Not Acceptable)
[83] 106 THOMAS DRIVE
[84] City Panama City Beach FL [85] Zip Code 32408

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE ... ☐ Change ☐ Addition
NAME	CRAIGHEAD, WILLIAM D		1.2 NAME
STREET ADDRESS	3915 MARINER DRIVE		1.3 STREET ADDRESS
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		1.4 CITY-ST-ZIP
TITLE	VD	☐ DELETE	2.1 TITLE ... ☐ Change ☐ Addition
NAME	CRAIGHEAD, CHRISTY		2.2 NAME
STREET ADDRESS	3915 MARINER DRIVE		2.3 STREET ADDRESS
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE ... ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
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	5.1 TITLE ... ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ... ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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 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:

CR2E034 (9/96)