	DI EASE DEAI	TOM LIA C	PUCTIONS	BEEORE C	:OMPLETI	ING THIS FORM.	
	PLICATION FOR		A DEPARTMEI Katherine Ha	NT OF STATE arris		NO THIS FORM.	
REIN	STATEMENT	D	IVISION OF CORPO	RATIONS		FILED	
DOCUMENT # <b>P9600061763</b> 1. Corporation Name					99 NOV 16 PM 2: 10		
PRO-6	TEEL BUILDINGS OF	PANAMA C	CITY, INC.			SECRETARY OF STATE JALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Add			ess				
7911 THOM Suite #4 Panama Ci	ias drive Ity Beach FL 32408	SUITE #4	7911 THOMAS DRIVE SUITE #4 PANAMA CITY BEACH FL 32408			I <b>en</b> en ingen en en en en men en en en en	
If above a	addresses are incorrect in any way, line	through incorrect i	nformation and enter	correction below.	REIN	STATEMENT 90	
			ing Office Address, If		4. Date Incorp. To Do Busin	orsted or Qualified mess in Florida	
Suite, Apt. #, etc.			ite, Apt. #, etc.		5. FEI Number	07/24/1996 S.P. Applied For	
City & State		City & State			в.	59-3399662 Not Applicable	
Zip	Country	Zip	Count	Ŋ		E OF STATUS DESIRED S8 75 / 1 bb and 1 consequence of the respectition decel status.	
7. Names	and Street Addresses of Each Officer	and/or Director (Fl		ations must list at lear reet Address of Each			
Title(s)			Officer and/or Director			City / State / Zip	
PD	STEPHENS, KENNETH E	S, KENNETH E 17462 FRONT			ACH ROAD, UNIT 781 PANAMA CITY BEACH FL \$2413		
STD	STEPHENS, AGNES C		17462 FRONT BEACH ROAD, UNIT 7B1		T 7B1	PANAMA CITY BEACH FL 32413	
<del></del>						00000000000000000000000000000000000000	
					OC	-12/06/9901011006 -****150.00 ****150.00	
	R. Name and Address of Curr	8. Name and Address of Current Registered Ag		ent		9. Name and Address of New Registered Agent	
	U. Maine and reduces of our	Sile (Cognator to A		Name			
STEPHENS, AGNES C 17462 FRONT BEACH ROAD				Street Address (P.O. Box Number is Not Acceptable)			
UNIT #7B1				Suite, Apt. #, Etc.			
PANAMA CITY BEACH FL 32413				City State Zip Code			
10. I, bein	ng appointed the registered agent of the	above named corp			obligations of Sect		
Signature Registered	of Agent Haven C. X	TENERA REDISTERED A	HEQU	<u>JIRED</u>	<del></del>	Date	
this rei owed t	instatement application, the reason for	dissolution has bee the names of indiv	n eliminated, the corpiduals listed on this fo	orate name satisfier orm do not qualify for	the requirements an exemption un	apter 607 or 617, F.S. I further certify that when filing s of section 607.0401 or 617.0401, F.S., that all fees ider section 119.07(3)(i), F.S. The information indicated	
SIGNA	TURE: JANUS SIGNATURE AND TYPED OF	(ALLES NAME OF	SIGNING OFFICER OR	RESTOR	iens, Set	Date 10/20/99	
	•	•				850  832-8133	

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