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FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000090269 (7)

1. Corporation Name

SOUTHLAND OF PANAMA CITY, FLORIDA, INC.

Principal Place of Business

727 W 11TH ST  
PANAMA CITY FL 32411

Mailing Address

727 W 11TH ST  
PANAMA CITY FL 32401-2333



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 32401

Country

2a. Mailing Address

26 P. O. Box 27724

Suite, Apt. #, etc.

27 City & State

28 Panama City, Fl.

Zip

29 32411-7724

Country

30 USA

3. Date Incorporated or Qualified

10/31/1996

3a. Date of Last Report

4. FEI Number

59-3414643

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

COBB, NANCEE B  
727 W 11TH ST  
PANAMA CITY FL 32411

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  
32401

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 BODEN, ALVIN

NAME P O BOX 27474 N/A  
STREET ADDRESS PANAMA CITY FL 32411  
CITY - ST - ZIP

TITLE D BODEN, DOROTHY P

NAME P O BOX 27474 N/A  
STREET ADDRESS PANAMA CITY FL 32411  
CITY - ST - ZIP

TITLE D BODEN, DAN A

NAME P O BOX 18895  
STREET ADDRESS PANAMA CITY FL 32408  
CITY - ST - ZIP

TITLE D COBB, RONALD M

NAME P O BOX 27727 N/A  
STREET ADDRESS PANAMA CITY FL 32411  
CITY - ST - ZIP

TITLE D COBB, NANCEE B

NAME P O BOX 27727 N/A  
STREET ADDRESS PANAMA CITY FL 32411  
CITY - ST - ZIP

TITLE DELETED

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

727 W. 11th Street  
Panama City, Fl. 32401

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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.

Nancee B. Cobb

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

904-233-9859

CR2E034 (9/96)