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PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1998 8:00am

Secretary of State

7/11/1/ad or 122 9050

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000090269 (7)

SOUTHLAND OF PANAMA CITY, FLORIDA, INC.

Principal Place of Business Mailing Address 727 W 11TH ST P.O BOX 27724 PANAMA CITY FL 32411 PANAMA CITY FL 32411-7724 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/31/1996</u> 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3414643 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 2401 24 25 Personal Property Tax due June 30. Yes. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COBB. NANCEE B 727 W 11TH ST 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32411 83 84 City 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, typicd or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ___ Addition TITLE 1.1 TITLE BODEN, ALVIN 1.2 NAME NAME P O BOX 27474 N/A STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL 32411 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ___ Addition NAME **BODEN, DOROTHY P** 2.2 NAME P O BOX 27474 N/A 2.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32411 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BODEN, DAN A NAME 3.2 NAME 727 W. 11TH STREET STREET ADDRESS 3.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE TITLE 4.1 TITLE Addition COBB. RONALD M NAME 4.2 NAME P O BOX 27727 N/A STREET ADDRESS 4.3 STREET ADDRESS PANAMA CITY FL 32411 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition COBB. NANCEE B NAME 5.2 NAME STREET ADDRESS P O BOX 27727 N/A **5.3 STREET ADDRESS** PANAMA CITY FL 32411 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE Change 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

Nancec-B. Cobb

6.4 CITY - ST- ZIP 14. Thereby certify that the information supplied with this filling 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