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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90054 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000090269

1. Corporation Name

SOUTHLAND OF PANAMA CITY, FLORIDA, INC.



Principal Place of Business

717 W 11TH ST
PANAMA CITY FL 32401
US

Mailing Address

P.O BOX 27724
PANAMA CITY FL 32411-7724
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

COBB, NANCEE B
727 W 11TH ST
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	BODEN, ALVIN	
STREET ADDRESS	P O BOX 27474 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BODEN, DOROTHY P	
STREET ADDRESS	P O BOX 27474 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BODEN, DAN A	
STREET ADDRESS	727 W. 11TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COBB, RONALD M	
STREET ADDRESS	P O BOX 27727 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COBB, NANCEE B	
STREET ADDRESS	P O BOX 27727 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Boden, Alvin
1.3 STREET ADDRESS	2101 Tremont Trail
1.4 CITY-ST-ZIP	Panama City, FL 32405
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Boden, Dorothy P.
2.3 STREET ADDRESS	2101 Tremont Trail
2.4 CITY-ST-ZIP	Panama City, FL 32405
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Boden, Dan A.
3.3 STREET ADDRESS	2105 Tremont Trail
3.4 CITY-ST-ZIP	Panama City, FL 32405
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, with all other like empowered.

SIGNATURE:

Nancee B Cobb Nancee B Cobb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

850-785-3434

Daytime Phone #

CR2E034 (11/98)