

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90105 020 ***150.00

DOCUMENT # P97000001728

1. Corporation Name

ZEM, INC. OF PANAMA CITY

Principal Place of Business

13312 FRONT BEACH RD
PANAMA CITY FL 32407
US

Mailing Address

137 N BID-A-WEE LN
PANAMA CITY BEACH FL 32413
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1997

4. FEI Number

59-3424719

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

21 13312 Front Beach Rd

Suite, Apt. #, etc.

22 City & State

23 PANAMA City Beach FL

24 Zip 324 Country U.S.A.

2a. Mailing Address

26 137 N. Bid-A-Wee LN

Suite, Apt. #, etc.

27 City & State

28 PANAMA City Beach FL

29 Zip 32413 Country U.S.A.

9. Name and Address of Current Registered Agent

NABORS, SCOTT R
456 HARRISON AVE
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 P
NAME ZAIDA L CASANOVA-BASCON ~~DELETE~~ wrong name
STREET ADDRESS 137 N BID-A-WEE LN
CITY-ST-ZIP PANAMA CITY BCH FL 32413

TITLE VT
NAME MISVEL A BASCON ~~DELETE~~ wrong name
STREET ADDRESS 137 N BID-A-WEE LN
CITY-ST-ZIP PANAMA CITY BCH FL 32413

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME ZAIDA L CASANOVA-BASCON ~~DELETE~~ Change ☐ Addition
1.3 STREET ADDRESS 137 N. Bid-A-Wee LN
1.4 CITY-ST-ZIP PANAMA City Bch. FL. 32413

2.1 TITLE V/T
2.2 NAME Miguel A. RASCON ~~DELETE~~ Change ☐ Addition
2.3 STREET ADDRESS 137 N. Bid-A-Wee LN
2.4 CITY-ST-ZIP PANAMA City Bch FL. 32413

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)