

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 17 1998 8:00am
Secretary of State

DOCUMENT # **P97000037734 (5)**

1. Corporation Name
IN HIS NAME, INC.

Principal Place of Business
**8762A THOMAS DR
PANAMA CITY BEACH FL 32408**

Mailing Address
**8762A THOMAS DR
PANAMA CITY BEACH FL 32408**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 **P.O. Box 15933**

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 **PANAMA CITY FL 32405**

3. Date Incorporated or Qualified

04/19/1996

4. FEI Number

59-3378731

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**BARRON, HERBERT
3026 MALONE DR
PANAMA CITY FL 32405**

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 **Herbert Barron**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/3/98

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **BARRON, JAMES N**
STREET ADDRESS **3180 WOOD VALLEY ROAD**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **STD** ☐ DELETE

NAME **KLEIMEYER, MARY LYNN**
STREET ADDRESS **120 DRAGON RIDGE CIR**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32411**

TITLE **VD** ☐ DELETE

NAME **BARRON, HERBERT L**
STREET ADDRESS **3026 MALONE DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ DELETE

NAME **BARRON, DORMAN L**
STREET ADDRESS **119 E SONATA CIRCLE**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **D** ☐ DELETE

NAME **KLEIMEYER, MARK**
STREET ADDRESS **120 DRAGON CIRCLE**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32411**

TITLE **D** ☐ DELETE

NAME **BARRON, CARLTON K**
STREET ADDRESS **2329 MOUND AVE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

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

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

200002594292

-07/21/98--01080--012

*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE: **N. D. Barron**

7/3/98 850-784-0115

CR2E034 (5/98)