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FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000057659 (9)

1. Corporation Name

PANHANDLE MOTION X-RAY, INC.



Principal Place of Business

Mailing Address

4439 JACKSON STREET
MARIANNA FL 32448

4439 JACKSON STREET
MARIANNA FL 32448

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4439 Jackson St.

Suite, Apt. #, etc.

22

City & State

23 Marianna FL

Zip

24 32448

Country

25 USA

2a. Mailing Address

26 4439 Jackson St.

Suite, Apt. #, etc.

27

City & State

28 Marianna FL

Zip

29 32448

Country

30 USA

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

59-3457185

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

BONTRAGER, DANIEL ELI
4439 JACKSON STREET
MARIANNA FL 32448

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

Imogene Bontrager

(NOTE: Registered Agent signature required when reinstating)

3-23-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BONTRAGER, DANIEL ELI
STREET ADDRESS 4439 JACKSON STREET
CITY-ST-ZIP MARIANNA FL 32448

TITLE VPD ☐ DELETE
NAME BONTRAGER, IMOGENE
STREET ADDRESS 4439 JACKSON STREET
CITY-ST-ZIP MARIANNA FL 32448

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 ☐ 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

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.

CR2E034 (10/97)