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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90142 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P9800003532310
 1. Corporation Name
Miss Marion of Panacea, Inc.

Principal Place of Business: *90 Chipola St. Panacea, FL 32346 USA*
 Mailing Address: *PO Box 483 Panacea, FL USA 32346*

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
Principal Place of Business		Mailing Address		City & State		City & State		Country	
<i>90 Chipola St</i>		<i>PO Box 483</i>		<i>Panacea FL</i>		<i>Panacea FL</i>		<i>USA</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Zip		Zip		Country	
				<i>32346</i>		<i>32346</i>		<i>USA</i>	

3. Date Incorporated or Qualified	<i>April 17, 1998</i>	
4. FEI Number	<i>59-3512914</i>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent
Marion R. Metcalf
90 Chipola St.; P.O. Box 483
Panacea, FL 32346

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 *Marion R. Metcalf* *Marion R. Metcalf* *4-16-99*
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	<i>President - Vice Pres</i>	<input type="checkbox"/> DELETE
NAME	<i>Danny R. Metcalf</i>	
STREET ADDRESS	<i>90 Chipola St.</i>	
CITY-ST-ZIP	<i>Panacea, FL 32346</i>	
TITLE	<i>Secretary - Treas.</i>	<input type="checkbox"/> DELETE
NAME	<i>Marion R. Metcalf</i>	
STREET ADDRESS	<i>90 Chipola St.</i>	
CITY-ST-ZIP	<i>Panacea, FL 32346</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *Marion R. Metcalf* *4-16-99* *850-926-7338*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)