

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078909

1. Entity Name

PANAMA POOLS OF NORTHWEST FLORIDA, INC.

Principal Place of Business

291 POWELL ADAMS STREET
PANAMA CITY BEACH FL 32413

Mailing Address

291 POWELL ADAMS STREET
PANAMA CITY BEACH FL 32413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3530066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAY, STEPHEN M
364 MOONLIGHT BAY DR
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GAY, STEPHEN M**
STREET ADDRESS **364 MOONLIGHT BAY DR**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen M. Gay

1/31/01

Date

850-233-0950

Daytime Phone #

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90190 006 ***150.00

917790



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment
917795

PEOPLES BANK OF GRACEVILLE #444135

CLIFFORD PELHAM DIRECTOR
1239 Hwy 2
Graceville, FL 32440

JOHN B. TURNER DIRECTOR
125 Wentworth Drive
Dothan, AL 36301

JOSEPH H. JERNIGAN DIRECTOR
1506 E. 10th Ave.
Graceville, FL 32440

CAROL C. SMITH VP/CASHIER
1255 Sanders Ave.
Graceville, FL 32440

DAVID WATFORD VP
5359 Ceiley St.
Graceville, FL 32440

BENJIE L. CRISP VP
1690 Hwy 2
Graceville, FL 32440