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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # S12468 WENGOR OF PANAMA CITY, INC. Principal Place of Business Mailing Address 400 E GOVERNMENT ST. 400 E GOVERNMENT ST. PENSACOLA FL 32501 PENSACOLA FL 32501-6132 3a. Date of Last Report 3. Date Incorporated or Qualified 11/01/1990 05/01/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3043416 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes No Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KERRIGAN, ROBERT G. 400 E GOVERNMENT ST. 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 City Zip Code 11. Pursuant to the provisons 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE automped or once of ractic of registered agent and title if apolicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change 11 TITLE Title KERRIGAN, ROBERT G. 12 NAME NAME 400 E GOVERNMENT ST. 1.3 STREET ADDRESS STREET ADORESS PENSACOLA FL City - \$1 - ZiP 1.4 CITY - ST- ZIP DELETE 2.1 TITLE Change Addition TITLE ESTESS, GEORGE W. 22 NAME NAME 400 E GOVERNMENT ST. 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 2. 4 City-St-ZiP CITY SI - ZIF Addition THE DELETE 3.1 TITLE Change 32 NAME NAME: 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CHY-ST-ZI DELETÉ Change Addition FILE 41 DTLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ACORESS 4.4 CITY - ST - ZIP CITY-S DELETE 5.1 TITLE Change ☐ Addition TITLE **5.2 NAME** NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST. ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE MILE 62 NAME HALL 6.3 STREET ADDRESS STREET ADDRESS CITY- ST-ZIP

14. I do 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 of 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

**FILED** 

Jan 29 1997 8:00am

Secretary of State

96/6) CR2E034