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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S30077 (9)

1. Corporation Name

FLORIDA MSI, INC.



Principal Place of Business

Mailing Address

5121 THOMAS DRIVE  
PANAMA CITY FL 32408  
US

3521 FLORIDA AVENUE  
PANAMA CITY FL 32405  
US

3. Date Incorporated or Qualified

02/06/1991

3a. Date of Last Report

03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 3521 FLORIDA AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PANAMA CITY, FL

27

City & State

City & State

23 PANAMA CITY FL

28

City & State

City & State

24 32405

29

Zip

Zip

Country

Country

USA

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRATHER, JOEL G.  
3521 FLORIDA AVENUE  
SUITE A  
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

JOEL G. PRATHER, President

JOEL G. PRATHER

4/15/96

Signature

Typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME PRATHER, JOEL G.  
STREET ADDRESS 1449 LUVERNE AVE.  
CITY-ST-ZIP PANAMA CITY FL

TITLE VP ☒ DELETE

NAME VILLELLA, ANTHONY D  
STREET ADDRESS 5121 THOMAS DRIVE  
CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE S ☐ DELETE

NAME PRATHER, ELIZABETH K  
STREET ADDRESS 3521 FLORIDA AVE  
CITY-ST-ZIP PANAMA CITY FL

TITLE T ☒ DELETE

NAME FLORES, EUGENE  
STREET ADDRESS 5121 THOMAS DRIVE  
CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

JOEL G. PRATHER, President

JOEL G. PRATHER 4/15/96 905-769-9453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)