FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # \$53236 (3) FARRAR CAPITAL MANAGEMENT, INC.										
Principal Place of Business Making Address							I H abithte the Balon attendables se	18 KATA 81841 8		DING NIBIL INGL
2325 FRANKFORD AVENUE PANAMA CITY FL 32405			P O BOX 15638 PANAMA CITY FL 32406							
us							3. Date incorporated or Qualified 05/15/1991		te of Last Rep 05/01/199	5
2. Principal Place	of Business	2a. M	aling Address				4, FEI Number			pplied For ot Applicable
<u>ו</u>		26					59-3069841			Additional
Suite, Apt. #, e	tc.	├ ─-¬	ute, Apt. #, etc.				5. Certificate of Status Desired		* * * · · ·	equired
!		27					6. Election Campaign Financing		\$5.00	May Be
City & State		F	ty & State				Trust Fund Contribution			to Fees
	Country	28	D	Count	ry		A. This corporation has liability for	intangible	tax under s	199.032.
_ <i>Z</i> .დ.]	Country 25	29	г.	30			Florida Statutes X Ye	s ∐No		
L	9. Name and Address of Cui		ed Agent				10. Name and Address of New	Registere	d Agent	
				8	11	Name				
FARBAR, KERRY D 2325 FRANKFORD AVE					32	Street Add	Address (P.O. Box Number is Not Acceptable)			
	CITY FL 32405			Ē	33		·			
PANAMA	UITT FL 32400			وا	34	City			85 Zip	Code
				1.	1			F		
or registered familiar with,	the provisions of Sections 607.0 agent, or both, in the State of I and accept the obligations of States the period of the period	Section 607.05	05, Florida Statute	s			ration submits this statement for the p ord of directors. Thereby accept the ap	DV.F		
		AND DIRECT		13.			ADDITIONS/CHANGES TO OF	FICERS A		RS IN 12
IZ.	D		DELETE	1.1 10	ıF				Change	Addition
NAME	FARRAR, KERRY D			1.2 NA	ME					
STREET ADDRESS	815 BRANDEIS AVE			13.578	HE F	ADDRESS				
CITY-ST 21F	PANAMA CITY FL			1.4 CH	۲٠S	1 - 7)P	·			Addition
TITLE			DELETE	2 1 7 1	ILE	l			Change	L. Addition
NAME				2.2 NA						
STREET ADORESS				2351	HEET	ADDRESS				
CHTY-ST ZIP				2 <u>4 CII</u>		T ZIF			Change	Add tion
TITLE			DELF IL	3 1 7:					L Change	☐
NAME				3 2 NA						
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CITY - ST - ZIP				3 4 CI					_ []_ Chance	Addition
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NAME				4.2 NA		٠	-05/13/960	1013-	-023	
STREET ADDRESS						LADORESS	***200 .0 0			
CITY-SI ZIP						S1 - ZIP		· - ••	Change	Addition
			CTA DELETE	5.11	HLE	1				_

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 cath; 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 6.4 CiTY - ST - ZIP

5.2 NAME

6 1 III.E

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 Cilly - ST. 7IP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

City - S" - ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4-30-96

904-812-0450

Change Addition