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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

FILED

Jun 03 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(2)

VACUUI	M CITY, INC.	•		 	
Principal Place	e of Business	Mailing Address		E KODIN BINGIN BUICO BRITO NIDIO NI	OI OIII TIBII OIDII OIDII BIBII BIBII OIDII 1001
301 E 6TH ST PANAMA CITY FL \$2401		301 E 6TH ST Panama City FL 32401-	3020		
				3. Date Incorporated or Qualifi	ed 3a. Date of Last Report
				12/31/1991	05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26				59-3100650	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financin	
23		├-¬ ´	28		g \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability	for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes No
A	9, Name and Address of Curr	ent Registered Agent		10. Name and Address of New	√ Registered Agent
CURTRIGHT III, HUGH C. 301 E 6TH ST PANAMA CITY FL 32401			81 Nam	ne	
			82 Stree	ot Address (P.O. Box Number is Not Acce	ptable)
			83		
			84 City		85 Zip Code
44 0	to the end delene of Continue COZ O	COD and COZ 4500 Florida Ctat.	les the above some	ad accuration automits this statement for t	FL 89 Zip Code
office or r	egistered agent, or both, in the Sta	to of Florida. Such change was	authorized by the co	ed corporation submits this statement for to orporation's board of directors. I hereby a	ccept the appointment as registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, F	lorida Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	ment and title if applicable (NC)	It : Begistered Apent signal	ture required when reinstating)	DATE
12.		ND DIRECTORS	13.		PFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TILLE		Change Addition
NAME	CURTRIGHT, H.C. III		1.2 NAMÉ		•
STREET ADDRESS	301 E. 6TH STREET		1.3 STREET ADDRES	s	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY - ST - ZIP		· · · <u>_</u>
TITLE	V	☐ DELET E	2.1 TITLE		Change Addition
NAME	HOWELL, ANN		2.2 NAME		•
STREET ADDRESS	1126 ARENA DRIVE		2 3 STREET ADDRES	s	
CITY-ST-ZIP	SOUTHPORT FL	The letter	2. 4 CITY - ST - ZIP		Change I Addition
TITLE	איניסטבו מבטי	☐ DELETE	31 TITLE		Change Addition
NAME CENTER ADDRESS	Waddel, Debi 301 e 6th st		3 2 NAME 3 3 STREET ADDRES	2	•
STREET ADDRESS	PANAMA CITY FL			5	
CITY-ST-ZIP TITLE	PANAMA OIT FL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		La beccie	4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRES		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	· ·		52 NAME		
STREET ADDRESS	•		53 STREET ADDRES	s	
CITY-ST-ZIP	f ', <u>a</u> 5		5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addilíon
NAME			62 NAME		
STREET ADDRESS			63 STREFT ADDRES	s	}
CITY-ST-7IP			6.4 CHY- \$1 - ZIP		1

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 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.