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

STREET ADDRESS

CITY-ST-ZIP

**FILED PROFIT** May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0) PANICOLA ENTERPRISES, INC. Principal Place of Business Mailing Address **501 S. FALKENBURG ROAD** 501 S. FALKENBURG ROAD DO NOT WRITE IN THIS SPACE TAMPA FL 33619 **TAMPA FL 33619** 3. Date Incorporated or Qualified 01/27/1992 2. Principal Place of Business
1109 HIGH KNULL DR 2a. Mailing Address Applied For 26 59-3083261 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing FIORIDA BRANDON 28 Trust Fund Contribution Г Added to Fees Country Zιρ 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. X Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PANICOLA, DOREEN A. 501 S. FALKENBURG RD Street Address (P.O. Box Number is Not Acceptable) UNIT D-10 83 **TAMPA FL 33619** 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 Signature, typed or printed name of requirered agent and title diapplicable. (NOTE: Registered Agont signature required when reinstating) OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE PANICOLA, VINCENT S. NAME 1.2 NAME 1409 HIGH KNOLL DR STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE [ Change TITLE 2.1 TITLE Addition NAME PANICOLA, DOREEN A 2.2 NAME 1409 HIGHKNOLL DR STREET ADDRESS 2.3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME **5.2 NAME** STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. 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 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 acceiver of true empewored to secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or pit an attact up into your an aprices.