

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90084 009 \*\*\*158.75

DOCUMENT # **V34747**

1. Corporation Name

**P.F. BANKING FACILITIES, INC.**

Principal Place of Business

1002 W 23RD ST  
SUITE 400  
PANAMA CITY FL 32405

Mailing Address

1002 W 23RD ST  
SUITE 400  
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/06/1992**

4. FEI Number

**59-3119666**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**HENRY, ROBERT**  
1002 W 23RD ST  
SUITE 400  
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME **CHAPMAN, JOSEPH F. III**  
STREET ADDRESS **1002 W. 23RD ST., STE 400**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE VPD ☐ DELETE  
NAME **POWELL, RAYMOND E.**  
STREET ADDRESS **2305 HWY 77**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE VPT ☐ DELETE  
NAME **HENRY, ROBERT F. III**  
STREET ADDRESS **1002 W. 23RD ST., SUITE 400**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE SD ☐ DELETE  
NAME **CHAPMAN, JOSEPH F. IV**  
STREET ADDRESS **1002 W. 23RD ST., STE 400**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE D ☐ DELETE  
NAME **BODZIN, STEPHEN A**  
STREET ADDRESS **1156 15TH NE / STE - 329**  
CITY-ST-ZIP **WASHINGTON DC**

TITLE AS ☐ DELETE  
NAME **PIPPIN, LAURETTA J**  
STREET ADDRESS **1002 W 23RD ST / STE - 400**  
CITY-ST-ZIP **PANAMA CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

**Lauretta J. Pippin**  
Assistant Secretary

4/20/99 (850) 769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)