03-02-1999 90181 034 ***150.00

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

DOCUMENT # VAQOA1

 Corporation 	N AGENCY, INC.						
Principal Place	of Business	Mailing Address				ti mimir Atoti mikil 41	411 81811 1981
304 MAGNOLIA AVE #7		P.O. BOX 1969 PANAMA CITY FL 32402		DO NOT WRITE IN TH	IIS SPACE		
PANAMA CITY FL 32401 US US					3. Date Incorporated or Qualifed		
					07/07/1992	·	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		lied For
21		Suite, Apt. #, etc.		59-3124571	\$8.75 Ac	Applicable	
Suite, Apt. #, etc.		27		5. Certifcate of Status Desired	Fee Red		
City & State		City & State		6. Election Campaign Financing	\$5.00 N	·	
23		28		Trust Fund Contribution	Added to		
Zip Country		Zip Country		8. This corporation owes the current year Intangible			
24 25		29 30		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	d Agent	
DALE	NAME DOLAND E		81	Name			
BALDWIN, ROLAND F			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
304 MAGNOLIA AVE							
STE 7 PANAMA CITY FL 32401			83				
1011	AMA ONT TE SETOT		84	City		85 Zip C	ode
						L 83 Zip Ci	
11. Pursuant f office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	and 607.1508, Florida Statutes of Florida. Such change was auth ons of, Section 607.0505, Florid	, the above horized by i la Statutes.	e-named corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent	and Min if anninghing (NOTE P	terretered Anen	t eignature requir	red when reinstating) DATE		<u> </u>
12.	OFFICERS ANI		13.	i signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PTD DELETE		1.1 TITLE			☐ Change	Addition
NAME			1.2 NAME				
STREET ADDRESS 113 WINDWARD COURT			1.3 STREET ADDRESS				İ
CITY-ST-ZIP	PANAMA CITY BEACH FL		1.4 CITY-ST-ZIP				
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME	BALDWIN, DAPHNE M. 2		2.2 NAME				
STREET ADDRESS	AND SHIPPING DO COLIDY		2.3 STREET ADDRESS		•		
CITY-ST-ZIP	PANAMA CITY BEACH FL		2. 4 CITY-ST-ZIP				
TITLE	V □ DELETE 3.		3.1 TITLE			Change	☐ Addition
NAME	BALDWIN, DAVID F.		3.2 NAME		1 5 (18V) COLO	_	
STREET ADDRESS	**************************************		3.3 STREET ADDRESS		113 WINDWINED COOK		
CITY-ST-ZIP			3.4. CITY-ST-Z/P		113 WINDWARD COUR- PANAMA CITY BEAC	4 FL	T Addition
TITLE		☐ DELETE	4.1 TITLE			` Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		C Delete	4.4 CITY-S1	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				
NAME OTDEET LODGEGG			5.3 STREET	ADDRESS			
STREET ADDRESS	INCEL ADDRESS		5.4 CITY-S1				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME		1	_ •	_
OTTOGET ADDRESS			63 STREET	ADDRESS	•		

14. 1 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 period 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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP