

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:11

DOCUMENT # **764834** (8)

1. Corporation Name
PANHANDLE CRIME STOPPERS, INC.

Principal Place of Business Mailing Address
P.O. BOX 1776 PANAMA CITY FL 32402-1776 P.O. BOX 1776 PANAMA CITY FL 32402-1776

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/07/1982** 3a. Date of Last Report **01/20/1994**
4. FEI Number **59-2235879** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

NEWMAN, JOHN E
1336 FLORIDA AVE.
PANAMA CITY FL 32401

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 |
| NAME | GULKIS, NORM |
| STREET ADDRESS | P.O. BOX 15932 N/A |
| CITY - ST - ZIP | PANAMA CITY FL |
| TITLE | DV |
| NAME | LEE, R. E JR |
| STREET ADDRESS | 6453 OAK SHORE DR |
| CITY - ST - ZIP | PARKER FL |
| TITLE | D |
| NAME | SMITH, GEORGE |
| STREET ADDRESS | 125 H.L. SUDDUTH DR. |
| CITY - ST - ZIP | PANAMA CITY FL 32401 |
| TITLE | TD |
| NAME | NEWMAN, JOHN E |
| STREET ADDRESS | 1336 FLORIDA AVE |
| CITY - ST - ZIP | PANAMA CITY FL |
| TITLE | D |
| NAME | ABBOTT, CHARLES |
| STREET ADDRESS | 707 E. 5TH ST. |
| CITY - ST - ZIP | LYNN HAVEN FL 32444 |
| TITLE | D |
| NAME | ALLAN, CURTIS |
| STREET ADDRESS | P.O. BOX 41 N/A |
| CITY - ST - ZIP | PANAMA CITY FL 32402 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-----------------|--|
| 1.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | TO GULKIS, NORM | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Lee, R.E | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | NEWMAN, JOHN | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norm Gulkis* **NORM GULKIS**

1/16/95 904763-8618