

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 764834 (8)

1. Corporation Name

PANHANDLE CRIME STOPPERS, INC.



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

3. Date Incorporated or Qualified: 09/07/1982
3a. Date of Last Report: 01/23/1995
4. FEI Number: 59-2235879
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GULKIS, NORM	
STREET ADDRESS	P.O. BOX 15932 N/A	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEE, R. E.	
STREET ADDRESS	6453 OAK SHORE DR	
CITY-ST-ZIP	PARKER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, GEORGE	
STREET ADDRESS	125 H.L. SUDDUTH DR.	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWMAN, JOHN	
STREET ADDRESS	1336 FLORIDA AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABBOTT, CHARLES	
STREET ADDRESS	707 E. 5TH ST.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EVANS, Carl	
1.3 STREET ADDRESS	3439 HWY 77	
1.4 CITY-ST-ZIP	PANAMA CITY FL 32405	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lee, R.E.	
2.3 STREET ADDRESS	17642 Front Beach Rd # 67	
2.4 CITY-ST-ZIP	Panama City Beach FL 32413	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
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 119.07(3)(k), 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 617, 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 2/8/96 904763860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (12/95)