

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 11:40

DOCUMENT # L62124 (7)

1. Corporation Name
PANHANDLE TOWER CORPORATION SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 9205 ANGIE RD. PANAMA CITY FL 32404
Mailing Address: P.O. BOX 753 LYNN HAVEN FL 32444

3. Date Incorporated or Qualified: 03/28/1990
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-3006483
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 9707 Indian Bluff Rd
22 Suite, Apt. #, etc.
23 Youngstown, Florida
24 32466
25 US
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
**PATTERSON, BARBARA E.
9244 ANGIE RD
PANAMA CITY FL 32404**

10. Name and Address of New Registered Agent
81 Name: Patterson, Barbara E.
82 Street Address (P.O. Box Number is Not Acceptable): 9707 INDIAN BLUFF RD
83
84 City: YOUNGSTOWN FL 85 Zip Code: 32466

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: *Barbara E. Patterson* (NOTE: Registered Agent signature required when reinstating) *Barbara E. Patterson, Meche* DATE: 3/31/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATTERSON, BARBARA E
STREET ADDRESS	9244 ANGIE RD
CITY - ST - ZIP	PANAMA CITY FL
TITLE	VD
NAME	MECHE, LESTER
STREET ADDRESS	9244 ANGIE RD
CITY - ST - ZIP	PANAMA CITY FL
TITLE	TDS
NAME	MURRAY, ROBERT
STREET ADDRESS	P.O. BOX 658 N/A
CITY - ST - ZIP	EDGEMO ISLAND GG-20438
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	9707 INDIAN BLUFF RD	
14 CITY - ST - ZIP	YOUNGSTOWN, FL 32466	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	9707 INDIAN BLUFF RD	
24 CITY - ST - ZIP	YOUNGSTOWN, FL 32466	
31 TITLE	TDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DAVID TRAYLER	
33 STREET ADDRESS	9233 ANGIE RD	
34 CITY - ST - ZIP	PANAMA CITY, FL 32404	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara E. Patterson* DATE: 3/31/95 (904) 722-9862
Barbara E. Patterson, Meche