

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L62124** (7)

1. Corporation Name
PANHANDLE TOWER CORPORATION SERVICES, INC.



Principal Place of Business Mailing Address
9707 INDIAN BLUFF RD YOUNGSTOWN FL 32466 US
P.O. BOX 753 LYNN HAVEN FL 32444

3. Date Incorporated or Qualified **03/28/1990** 3a. Date of Last Report **04/04/1995**
4. FEI Number **59-3006483** 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 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 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

PATTERSON, BARBARA E
9707 INDIAN BLUFF RD
YOUNGSTOWN FL 32466

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 _____ DATE _____
Signature typed to provide true and correct registered agent and MHA if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PATTERSON, BARBARA E 9707 INDIAN BLUFF RD YOUNGSTOWN FL <input type="checkbox"/> DELETE	1. 1 TITLE 2. 2 NAME 3. 3 STREET ADDRESS 4. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MECHE, LESTER 9707 INDIAN BLUFF RD YOUNGSTOWN FL <input type="checkbox"/> DELETE	2. 1 TITLE 2. 2 NAME 2. 3 STREET ADDRESS 2. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDS TRAXLER, DAVID 9233 ANGIE RD PANAMA CITY FL <input type="checkbox"/> DELETE	3. 1 TITLE 3. 2 NAME 3. 3 STREET ADDRESS 3. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4. 1 TITLE 4. 2 NAME 4. 3 STREET ADDRESS 4. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5. 1 TITLE 5. 2 NAME 5. 3 STREET ADDRESS 5. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6. 1 TITLE 6. 2 NAME 6. 3 STREET ADDRESS 6. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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. Meche* **Barbara E. Meche** **2/2/96** **(904) 722-9862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)