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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L62124 (7)
1. Corporation Name
PANHANDLE TOWER CORPORATION SERVICES, INC.



Principal Place of Business: 9707 INDIAN BLUFF RD YOUNGSTOWN FL 32466 US
Mailing Address: P.O. BOX 753 LYNN HAVEN FL 32444-0753

3. Date Incorporated or Qualified: 03/28/1990
3a. Date of Last Report: 02/07/1996
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. 8426 Freese Rd
22. Panama City, FL
23. 32404
24. Zip: 32404
25. Country: U.S.
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
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
85. Zip Code: FL

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 Meche* Barbara Meche
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)
DATE: 1/9/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PATTERSON, BARBARA E	
STREET ADDRESS	9707 INDIAN BLUFF RD YOUNGSTOWN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MECHE, LESTER	
STREET ADDRESS	9707 INDIAN BLUFF RD YOUNGSTOWN FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	TRAXLER, DAVID	
STREET ADDRESS	9233 ANGIE RD PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	<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 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 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 Meche* Barbara Meche, President
Signature, typed or printed name of signing officer or director
DATE: 1/9/97 (904) 722-9862
Daytime Phone #

CR2E034 (9/96)