

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V09859 (2)**

1. Corporation Name  
**PANGLEHEIMERS BEVERAGES, INC.**



Principal Place of Business <b>202 QUAYSIDE CIRCLE 101 MAITLAND FL 32751 US</b>	Mailing Address <b>202 QUAYSIDE CIRCLE 101 MAITLAND FL 32751-5772 US</b>
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3. Date Incorporated or Qualified <b>01/27/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3132262</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>116 America Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2900 Westerwood Dr.</b> Suite, Apt. #, etc.
22 <b>Orlando</b> City & State	27 <b>Charlotte</b> City & State
23 <b>FL</b> Zip	28 <b>NC</b> Zip
24 <b>32801</b> Country <b>ORANGE</b>	30 <b>Meck</b> Country

9. Name and Address of Current Registered Agent

**MYERS, DONALD A JR.  
116 AMERICA STREET  
ORLANDO FL 32801**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CEO</b> <input type="checkbox"/> DELETE
NAME	<b>PANGLE, J DAVID</b>
STREET ADDRESS	<b>202 QUAYSIDE CIR / STE - 101</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MYERS, DONALD A JR.</b>
STREET ADDRESS	<b>116 AMERICA STREET</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>PANGLE, MAXINE A</b>
STREET ADDRESS	<b>202 QUAYSIDE CIRCLE #101</b>
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CEO</b>
1.3 STREET ADDRESS	<b>J. David Pangle</b>
1.4 CITY-ST-ZIP	<b>2900 Westerwood Dr. Charlotte NC 28214</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Maxine A. Pangle</b>
3.3 STREET ADDRESS	<b>741 Bear Creek Circle</b>
3.4 CITY-ST-ZIP	<b>Winter Springs FL 32708</b>
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: *[Signature]* 4-21-97 (407) 366-6032

CR2E034 (9/96)