

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 760023 (2)

1. Corporation Name

PANHANDLE DARTING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7333 PINEFOREST RD
 LOT 190
 PENSACOLA FL 32526
 US

7333 PINE FOREST RD
 LOT 190
 PENSACOLA FL 32526
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 09/14/1981

3a. Date of Last Report
 04/22/1996

2. Principal Place of Business
 21 7948 PAMALITO CIRCLE #1

2a. Mailing Address
 26 7948 PAMALITO CIRCLE #1

4. FEI Number
 59-2890487

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State
 23 MILTON, FL.

27 City & State
 28 MILTON, FL.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip
 32526

25 Country
 US

29 Zip
 32526

30 Country
 US.

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOKE, HOWARD JR.
 6119 CONFEDERATE DR.
 PENSACOLA FL 32503

81 Name
 GRUNEWALD BILL
 82 Street Address (P.O. Box Number is Not Acceptable)
 6303 EAST SHORE DR
 83
 84 City
 PENSACOLA FL 85 Zip Code
 32503

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 *Bill Grunewald*

(NOTE: Registered Agent signature required when reinstating)

SEP 3 1997
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------------|--------------------------------------------|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | COOKE, HOWARD JR. | |
| STREET ADDRESS | 6119 CONFEDERATE DR. | |
| CITY-ST-ZIP | PENSACOLA FL 32503 | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | CAMPBELL, BETH | |
| STREET ADDRESS | 7333 PINE FOREST RD. #190 | |
| CITY-ST-ZIP | PENSACOLA FL 32526 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BROWNE, STEPHANIE | |
| STREET ADDRESS | 2520 CROCKET RD | |
| CITY-ST-ZIP | CANTONMENT FL | |
| 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 | | |

| | | |
|--------------------|-------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | BILL GRUNEWALD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 6303 EAST SHORE DR | PRESIDENT/DIRECTOR |
| 1.4 CITY-ST-ZIP | PENSACOLA, FL 32503 | |
| 2.1 TITLE | STD SECRETARY/TREASURY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MARK D. HEBNER | DIRECTOR |
| 2.3 STREET ADDRESS | 7948 PAMALITO CIRCLE #1 | |
| 2.4 CITY-ST-ZIP | MILTON, FL 32526 | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark D. Hebner* SIGNATURE REQUIRED: *SEP 3 1997*

CPRE037 (4/97)