FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B-68668

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767353 (6)

1. Corporation Name
PANHANDLE WILDLIFE RESOURCES, INC.

Principal Place of Business	Mailing Address
% ROY V. ANDREWS 124 WILLING STREET SE MILTON FL 32570	% ROY V. ANDREWS 124 WILLING STREET SE MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLIED FOR ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ ~~$0.75 Additional Fee Required~~
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SUNGERLAND, J. JEFFERY
124 WILLING STREET SE
MILTON FL 32570

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: Jeffery Sungerland 2/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	CRAWLEY, MIKE	12 NAME	
STREET ADDRESS	2625 NORTHROP RD	13 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VD ☑ Change ☐ Addition
NAME	SUNERLAND, JEFF	22 NAME	BOB LAY
STREET ADDRESS	124 WILLING ST	23 STREET ADDRESS	550 JOHNSON Rd
CITY-ST-ZIP	MILTON FL	24 CITY-ST-ZIP	MILTON FL 32583
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WESSINGER, GENE	32 NAME	
STREET ADDRESS	5921 STEPHANIE DR	33 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	PD ☑ Change ☐ Addition
NAME	LAY, JIM	42 NAME	JOHNSON MICKEY
STREET ADDRESS	7124 W GARDNER ST	43 STREET ADDRESS	5853 WILLARD NORRIS Rd
CITY-ST-ZIP	MILTON FL	44 CITY-ST-ZIP	MILTON FL 32570
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ATES, ALLEN	52 NAME	
STREET ADDRESS	1312 BAILEY RD	53 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	P ☑ Change ☐ Addition
NAME	JOHNSON, MICKEY	62 NAME	PARK Loc
STREET ADDRESS	5853 WILLARD NORRIS RD	63 STREET ADDRESS	5459 Holley St
CITY-ST-ZIP	MILTON FL	64 CITY-ST-ZIP	MILTON 32570

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)(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: MW Crawley MW CRAWLEY 2/16/95 904-626-1738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000168