

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

3. Date Incorporated or Qualified  
**03/09/1983**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLINGERLAND, J. JEFFERY  
124 WILLING STREET SE  
MILTON FL 32570**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CRAWLEY, MIKE	
STREET ADDRESS	2625 NORTHROP RD	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAY, BOB	
STREET ADDRESS	550 JOHNS ROAD	
CITY-ST-ZIP	MILTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WESSINGER, GENE	
STREET ADDRESS	5921 STEPHANIE DR	
CITY-ST-ZIP	MILTON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, MICKEY	
STREET ADDRESS	5853 WILLARD NORRIS RD.	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATES, ALLEN	
STREET ADDRESS	1312 BAILEY RD	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARK, LEE	
STREET ADDRESS	5459 HOLLY ST.	
CITY-ST-ZIP	MILTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEE, JOHN PARK	
1.3 STREET ADDRESS	5459 HOLLEY STREET	
1.4 CITY-ST-ZIP	MILTON, FL 32570	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAY, BOB	
2.3 STREET ADDRESS	550 JOHNSON ROAD	
2.4 CITY-ST-ZIP	MILTON, FL	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SMITH, TED	
3.3 STREET ADDRESS	4820 San Miguel Street	
3.4 CITY-ST-ZIP	Milton, FL 32583	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LINDSAY, ALLEN W., JR.	
4.3 STREET ADDRESS	124 WILLING ST.	
4.4 CITY-ST-ZIP	MILTON, FL 32570	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN W. LINDSAY, JR. 5/1/96

904-623-8432

Daytime Phone #

CR2E037 (12/95)