

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1983	3a. Date of Last Report 05/01/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 % Allen Lindsay Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 % Allen Lindsay Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JOHN PARK	1.2 NAME	
STREET ADDRESS	6459 HOLLEY ST.	1.3 STREET ADDRESS	7027 RYAN Lane
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	MILTON, FL 32570
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAY, BOB	2.2 NAME	
STREET ADDRESS	550 JOHNSON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESSINGER, GENE	3.2 NAME	
STREET ADDRESS	5921 STEPHANIE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSAY, ALLEN W. JR.	4.2 NAME	
STREET ADDRESS	124 WILLING ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATES, ALLEN	5.2 NAME	
STREET ADDRESS	1312 BAILEY RD	5.3 STREET ADDRESS	6098 Jeff Ates Road
CITY-ST-ZIP	MILTON FL	5.4 CITY-ST-ZIP	MILTON FL 32583
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, TED	6.2 NAME	PRESIDENT / DIRECTOR
STREET ADDRESS	4820 SAN MIGUEL ST.	6.3 STREET ADDRESS	SHAN JACKSON
CITY-ST-ZIP	MILTON FL	6.4 CITY-ST-ZIP	5812 Windham Road Windham Road

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 REQUIRED

7/21/97 904-623-9432

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