

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 # 769911 (9)

1. Corporation Name

FLORIDA PANHANDLE PRIVATE INDUSTRY COUNCIL, INC.



Principal Place of Business

Mailing Address

3106 W. 23RD STREET. (32406)
P. O. BOX 2238
PANAMA CITY FL 32402

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P. O. BOX 2238
PANAMA CITY FL 32402

3. Date Incorporated or Qualified

08/19/1983

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

4. FEI Number

59-2321374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRISON, FRANKLIN
HARRISON, SALE, MCCLOY & THOMPSON
304 MAGNOLIA AVE.
PANAMA CITY FL 32402-1579**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SAUNDERS, WAYNE	
STREET ADDRESS	215 CANDY LANE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EUBANKS, JOHNNY	
STREET ADDRESS	P.O. BOX 454 NA	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WHITE, CARL	
STREET ADDRESS	140 ROBBINS AVE.	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	EDD	<input type="checkbox"/> DELETE
NAME	SHEFFIELD, FREIDA	
STREET ADDRESS	3106 W. 23RD STREET	
CITY-ST-ZIP	PANAMA CITY FL	
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	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EUBANKS, Johnny	
1.3 STREET ADDRESS	Post Office Box 454	
1.4 CITY-ST-ZIP	Bristol, FL 32321	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Anderson, Kristin	
2.3 STREET ADDRESS	32 Avenue D	
2.4 CITY-ST-ZIP	Apalachicola, FL 32320	
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 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: Freida Sheffield Freida Sheffield, Executive Director 1/23/96 (904) 784-8106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)