## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

769911

(9)

FLORIDA PANHANDLE PRIVATE INDUSTRY COUNCIL, I	INDUSTRY COUNCIL. INC	INDUSTRY	PRIVATE	<b>PANHANDLE</b>	FLORIDA
---	-----------------------	----------	---------	------------------	---------

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	st Report 1995 Applied For Not Applicable 75 Additional a Required 00 May Be sed to Fees s. 199.032,
P. O. BOX 2288 PANAMA CITY FL 32402  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Description of Business (City & State) 3. Date Incorporated or Qualified (City & Status Description of Business (City & Status Description of Business (City & State) 3. Date Incorporated or Qualified (City & Status Description of Business (City & Status Description or Business (City & State) 3. Date Incorporated or Qualified (City & Status Description or Business (City & Status Description or Provision of Business (City & State) 3. Date Incorporated or Cualified (City & Status Description or Provision of Business (City & Status Description or Provision of Business (City & Status Description or Provision of Business (City & Status Description or Provision of Status Description or Provision of Status Description or Provision of Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in or Provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in or Provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in or Provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in or Provisions of Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the pur	Applied For Not Applicable 75 Additional a Required 00 May Be led to Fees s. 199.032,  Zip Code
P. O. BOX 2288 PANAMA CITY FL 32402  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Description of Business (City & State) 3. Date Incorporated or Qualified (City & Status Description of Business (City & Status Description of Business (City & State) 3. Date Incorporated or Qualified (City & Status Description of Business (City & Status Description or Business (City & State) 3. Date Incorporated or Qualified (City & Status Description or Business (City & Status Description or Provision of Business (City & State) 3. Date Incorporated or Cualified (City & Status Description or Provision of Business (City & Status Description or Provision of Business (City & Status Description or Provision of Business (City & Status Description or Provision of Status Description or Provision of Status Description or Provision of Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in or Provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in or Provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in or Provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in or Provisions of Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the pur	Applied For Not Applicable 75 Additional a Required 00 May Be led to Fees s. 199.032,  Zip Code
2. Principal Place of Business 2. A. Maling Address 5. Set Incorporation Cualified (B) 1983 (03/20 (B) 1983 (03/20 (B) 1983)	Applied For Not Applicable 75 Additional a Required 00 May Be led to Fees s. 199.032,  Zip Code
2. Principal Place of Business	Applied For Not Applicable 75 Additional a Required 00 May Be led to Fees s. 199.032,  Zip Code a registered office
Suite, Apt. #, etc.	Not Applicable 75 Additional a Required 00 May Be led to Fees s. 199.032,  Zip Code a registered office
Suite, Apt. #, etc.    Suite, Apt. #, etc.	75 Additional a Required  00 May Be led to Fees s. 199.032,  Zip Code
27   City & State	e Required  OD May Be sed to Fees s. 199.032,  Zip Code s registered office
City & State  23	O0 May Be ded to Fees s. 199.032,
28	s. 199.032, Zip Code
Zip	s. 199.032,  Zip Code s registered office
9. Name and Address of Current Registered Agent 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  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 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 register familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature:  OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. THILE CD XXTOLETE 11. THILE CD XXTOLETE 11. THILE CD XXTOLETE 11. THILE CD XXTOLETE 12. MAME SAUNDERS, WAYNE 12. MAME SUBANKS, JOHNNY 13. STREET ADDRESS 215. CANDY LANE 14. CITY-ST-ZIP CHIPLEY FL 32428 14. CITY-ST-ZIP Bristol, FL 32321  THILE VD XXTOLATION AND EUBANKS, JOHNNY 22. NAME Anderson, Kristin STREET ADDRESS P.O. BOX 454 NA 23. STREET ADDRESS 32. Avenue D BRISTOL FL 32321  THILE STD  OCLUME	Zip Code
HARRISON, FRANKLIN HARRISON, SALE, MCCLOY & THOMPSON 304 MAGNOLIA AVE. PANAMA CITY FL 32402-1579  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 in 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 register familiar with, and accept the obligations of. Section 617.0503, Florida Statutes.  SIGNATURE    Signature: typed or printed name of registered agent and title 1 applicable   (NOTE: Registered Agent signature required wher renstating)   DATE	registered office
HARRISON, FRANKLIN HARRISON, SALE, MCCLOY & THOMPSON 304 MAGNOLIA AVE. PANAMA CITY FL 32402-1579  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 in 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 register familiar with, and accept the obligations of. Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or privad rame of registered agent and the Large cable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. In Title  CD  XXIDELETE  1.1 TITLE  CD  XXIDELETE  1.1 TITLE  CD  XXIDELETE  1.1 TITLE  CD  XXIDELETE  1.1 TITLE  CD  XXIDELETE  1.2 NAME  SAUNDERS, WAYNE  1.3 STREET ADDRESS  POST Office Box 454  CITY-ST-ZIP  CHIPLEY FL 32428  1.4 CITY-ST-ZIP  BRISTOL FL 32321  XXIDELETE  2.2 NAME  Anderson, Kristin  2.3 STREET ADDRESS  P.O. BOX 454 NA  2.4 CITY-ST-ZIP  BRISTOL FL 32321  DELETE  3.1 TITLE  CD  XXIDELETE  1.1 TITLE  CD  XXIDELETE  1.2 NAME  Anderson, Kristin  2.3 STREET ADDRESS  ADDRESS	registered office
HARRISON, SALE, MCCLOY & THOMPSON 304 MAGNOLIA AVE. PANAMA CITY FL 32402-1579  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 in 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 register familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or privad name of registered agent and title Flagstocke  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Intitle  CD  XXIDELETE  1.1 Title  CD  XXIDELETE  1.3 STREET ADDRESS  215 CANDY LANE  CHIPLEY FL 32428  1.4 City - ST-ZIP  CHIPLEY FL 32428  1.4 City - ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.3 STREET ADDRESS  Post Office Box 454  Change BRISTOL FL 32321  TITLE  VD  XXIDELETE  21 TITLE  VD  XXIDELETE  21 TITLE  VD  XXIDELETE  31 TITLE  VD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  3.2 AVENUE D  XXIDELETE  2.1 TITLE  VD  XXIDELETE  2.1 TITLE  VD  XXIDELETE  3.1 TITLE  VD  XXIDELETE  ADDRESS  3.2 AVENUE D  Change  C	registered office
304 MAGNOLIA AVE. PANAMA CITY FL 32402-1579  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 in 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 register familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, byted or printed name of registered agent and title 4 applicable.  PATE Registered Agent signature required wher rendating:  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Intitle  CD XXOCHANGES TO OFFICERS AND DIRECTORS  11. TITLE  CD XXOCHANGES TO OFFICERS AND DIRECTORS  11. STREET ADDRESS  215 CANDY LANE  STREET ADDRESS  CITY-ST-ZIP  CHIPLEY FL 32428  11. CITY-ST-ZIP  APABLANKS, JOHNNY  22 NAME  Anderson, Kristin  32 Avenue D  CHAPLET BASSIOL FL 32321  TITLE  STD  DELETE  3. TITLE  APABLANCS, JOHNNY  Apalachicola, FI, 32320  Chapter Address STD  Chapter Address STD  Chapter ST-ZIP  Apalachicola, FI, 32320  Chapter ST-ZIP  Apalachicola, FI, 32320	registered office
PANAMA CITY FL 32402-1579  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 in 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 register familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title 1 applicable  NAME  SAUNDERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  CD  XXIDELETE  1.1 TITLE  CD  XXIDELETE  1.2 NAME  EUBANKS, Johnny  STREET ADDRESS  Post Office Box 454  LACITY-ST-ZIP  Bristol, FL 32321  THE  VD  XXIDELETE  1.1 TITLE  VD  XXIDELETE  1.2 NAME  Anderson, Kristin  STREET ADDRESS  P.O. BOX 454 NA  2.3 STREET ADDRESS  2.3 STREET ADDRESS  3.2 Avenue D  Apal achicola, FI, 32320  Changes Ch	registered office
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 in 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 register familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature. Signature, typed or printed name of registered agent and tide 1 applicable.  NAME  SUBMATURE  Signature, typed or printed name of registered agent and tide 1 applicable.  NAME  SUBMATURE  Signature, typed or printed name of registered agent and tide 1 applicable.  NAME  SUBMATURE  Signature, typed or printed name of registered agent and tide 1 applicable.  NAME  SUBMATURE  Signature, typed or printed name of registered agent and tide 1 applicable.  NAME  SUBMATURE  Signature, typed or printed name of registered agent and tide 1 applicable.  NAME  SUBMATURE  SUBMANES, JOHNNY  1.2 NAME  SUBMANES, JOHNNY  1.3 STREET ADDRESS  CITY-SI-ZIP  CHIPLEY FL 32428  SUBMANES, JOHNNY  22 NAME  Anderson, Kristin  32 Avenue D  SUBMATURE  STREET ADDRESS  CITY-SI-ZIP  BRISTOL FL 32321  TITLE  STD  DELETE  31 TITLE  STD  Change  Change  Corporation's board of directors. I hereby accept the applicable to board of directors. I hereby accept the application's board of directors. I hereby accept the applicable to position is board of directors. I hereby accept the application's board of directors. I hereby accept the application's board of directors. I hereby accept the applicable to position's board of directors. I hereby accept the applicable to position's board of directors. I hereby accept the applicable to position's board of directors. I hereby accept the application's board of directors. I hereby accept the applicable to position's board of directors. I hereby accept the applicable to position's board of directors. I hereby accept the applicable to position's board of directors. I hereby accept the	registered office
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 in 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 register familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and bitle 1 applicable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  CD  XXIDELETE  1.1 TITLE  CD  XXIDELETE  1.2 NAME  SAUNDERS, WAYNE  215 CANDY LANE  CITY-ST-ZIP  CHIPLEY FL 32428  1.4 CITY-ST-ZIP  MAME  EUBANKS, JOHNNY  22 NAME  Anderson, Kristin  STREET ADDRESS  P.O. BOX 454 NA  23 STREET ADDRESS  DIY-ST-ZIP  BRISTOL FL 32321  DELETE  31 TITLE  Change	registered office ad agent. I am
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 register familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title 1 applicable.  NAME  SAUNDERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  CD  XXIDELETE  1.1 TITLE  CD  XXIDELETE  1.1 STREET ADDRESS  CITY-SI-ZIP  SAUNDERS, WAYNE  1.2 NAME  LUBANKS, Johnny  Post Office Box 454  1.4 CITY-SI-ZIP  Bristol, FL 32321  XXIDELETE  TITLE  VD  XXIDELETE  1.4 CITY-SI-ZIP  ADDRESS  P.O. BOX 454 NA  2.3 STREET ADDRESS  P.O. BOX 454 NA  2.3 STREET ADDRESS  P.O. BOX 454 NA  2.3 STREET ADDRESS  2.4 CITY-SI-ZIP  Apalachicola, FI, 32320  Change  Chang	oregistered office od agent. I am
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   NOTE: Registered Agent signature required wher reinstating!   DATE	
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  THLE  CD  XXIDELETE  NAME  SAUNDERS, WAYNE  STREET ADDRESS  CITY-ST-ZIP  TILLE  VD  XXIDELETE  THE  THE  THE  THE  THE  THE  THE	
12. OFFICERS AND DIRECTORS  THE CD XXDELETE  NAME SAUNDERS, WAYNE  SIREET ADDRESS CITY-SI-ZIP  NAME CHIPLEY FL 32428  THLE VD XXDELETE  NAME EUBANKS, JOHNNY  STREET ADDRESS CITY-SI-ZIP  NAME EUBANKS, JOHNNY  STREET ADDRESS STREET ADDRESS CITY-SI-ZIP  BRISTOL FL 32321  THE STD DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 THLE  CD XXDChang  EUBANKS, JOHNNY  1.2 NAME  1.2 NAME  1.4 CHY-SI-ZIP  BRISTOL FL 32321  1.4 CHY-SI-ZIP  APAlachicola, FL 32320  Chang  Cha	
NAME SAUNDERS, WAYNE SIREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32428  TITLE VD XXDELETE LITLE VD XXDELETE	ORS IN 12
STREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32428  TITLE VD XXDELETE 1.3 STREET ADDRESS Post Office Box 454 14 CITY-ST-ZIP Bristol, FL 32321  TITLE VD XXDELETE 21 TITLE VD XXDELETE 22 NAME Anderson, Kristin 23 STREET ADDRESS Post Office Box 454 Bristol, FL 32321  TITLE VD XXDELETE 21 TITLE VD XXDELETE 22 NAME Anderson, Kristin 32 Avenue D 24 CITY-ST-ZIP Apalachicola, FT, 32320  Change Chang	Addition
STREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32428  TITLE VD XXDELETE 1.3 STREET ADDRESS Post Office Box 454 14 CITY-ST-ZIP Bristol, FL 32321  TITLE VD XXDELETE 21 TITLE VD XXDELETE 22 NAME Anderson, Kristin 23 STREET ADDRESS Post Office Box 454 Bristol, FL 32321  TITLE VD XXDELETE 21 TITLE VD XXDELETE 22 NAME Anderson, Kristin 32 Avenue D 24 CITY-ST-ZIP Apalachicola, FT, 32320  Change Chang	
TITLE VD XXDELETE 21 TITLE VD XXChange Change Chang	
NAME EUBANKS, JOHNNY 22 NAME Anderson, Kristin 32 Avenue D  OITY-SI-ZIP BRISTOL FL 32321 24 CITY-SI-ZIP Apalachicola, FT, 32320  TILE STD DELETE 3.1 TILE Change	
STREET ADDRESS P.O. BOX 454 NA 23 STREET ADDRESS BRISTOL FL 32321 23 STREET ADDRESS P.O. BOX 454 NA 24 CITY-ST-ZIP Apalachicola, FT, 32320 Change D	Addition
CHY-SI-ZIP BRISTOL FL 32321 2.4 CHY-SI-ZIP Apalachicola, FT, 32320  TILE STD DELETE 3.1 TILE Change	
TITLE STD DELETE 3.1 TITLE Change	
	Addition
Wille, Othe	
140 HODDING AVE.	
CITY-ST-ZIP         PORT ST. JOE FL 32456         3.4 CITY-ST-ZIP           TITLE         EDO         DELETE         4.1 TITLE         Change	Addition
NAME SHEFFIELD, FREIDA 4.2 NAME	
STREET ADDRESS 3106 W. 23RD STREET 4.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL 44 CITY-ST-ZIP	
TITLE DELETE 51TITLE Chang	Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE Chang	
NAME 6.2 NAME	e Addition
STREET ADDRESS 63 STREET ADDRESS	Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	Addition
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 Sta	_
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 a 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	utes, i further i if made under

SIGNATURE: J. Stuffeld Freida Sheffield, Executive Director 1/23/96 (904) 784-8106
SIGNATURE: Date Dete Description Dete Description Dete Description Dete Description Detector Description Detector Description Description Description Detector Description Desc

- 1 3 CONTRACTOR AND CONTRACTOR STATE FROM THE CONTRACTOR OF THE DESIGNATION OF THE CONTRACTOR OF THE