

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G17472** (3)  
1. Corporation Name  
**PANHANDLE AUTO INCORPORATED**



Principal Place of Business RT 3 BOX 1585 P.O. BOX 160 BONIFAY FL 32425	Mailing Address RT 3 BOX 1585 P.O. BOX 160 BONIFAY FL 32425
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/05/1983</b>	
				4. FEI Number <b>59-2249636</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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	

9. Name and Address of Current Registered Agent <b>PITTS, COY M. RT. 3 BOX 1592 BONIFAY FL 32425</b>				10. Name and Address of New Registered Agent 81 Name <b>Thomas W. Ponds</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>RT. 3 Box 1594</b> 83 84 City <b>Bonifay</b> FL 85 Zip Code <b>32425</b>	
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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 **Thomas W. Ponds** **1/22/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE	D	Change	Addition
NAME	PITTS, COY M.			1.2 NAME	Thomas W. Ponds		
STREET ADDRESS	RT. 3 BOX 1592			1.3 STREET ADDRESS	RT. 3 Box 1594		
CITY-ST-ZIP	BONIFAY FL			1.4 CITY-ST-ZIP	Bonifay FL 32425		
TITLE	DS	DELETE		2.1 TITLE	DS	Change	Addition
NAME	PITTS, MARTHA ANN			2.2 NAME	Teresa Pitts		
STREET ADDRESS	RT. 3 BOX 1592			2.3 STREET ADDRESS	RT. 3		
CITY-ST-ZIP	BONIFAY, FL 00000			2.4 CITY-ST-ZIP	Bonifay FL 32425		
TITLE		DELETE		3.1 TITLE		Change	Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **Thomas W. Ponds** **1/22/98**

CR2E034 (10/97)