

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G37617** (9)

1. Corporation Name

PANHANDLE MORTGAGE, INC.



Principal Place of Business

Mailing Address

**8251 NAVARRE PARKWAY, STE A
P O BOX 5217
NAVARRE FL 32566**

**8251 NAVARRE PARKWAY, STE A
P O BOX 5217
NAVARRE FL 32566**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REBHOLZ, MARY E
8251 NAVARRE PARKWAY, STE A
NAVARRE FL 32566**

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 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

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 **S** ☐ DELETE
NAME **REBHOLZ, MARY**
STREET ADDRESS **8500 GULF BLVD**
CITY-STATE-ZIP **NAVARRE BEACH FL**

1.1 TITLE **S** ☒ Change ☐ Addition
1.2 NAME **REBHOLZ, MARY E.**
1.3 STREET ADDRESS **2701 CREEKS EDGE LN**
1.4 CITY-STATE-ZIP **NAVARRE, FL 32566**

TITLE **P** ☐ DELETE
NAME **REBHOLZ, MARY E.**
STREET ADDRESS **8500 GULF BLVD**
CITY-STATE-ZIP **NAVARRE BEACH FL**

2.1 TITLE **P** ☒ Change ☐ Addition
2.2 NAME **REBHOLZ, MARY E.**
2.3 STREET ADDRESS **2701 CREEKS EDGE LN**
2.4 CITY-STATE-ZIP **NAVARRE, FLA 32566**

TITLE **V** ☐ DELETE
NAME **BENCE, PHYLLIS R**
STREET ADDRESS **8469 NAVARRE PARKWAY**
CITY-STATE-ZIP **NAVARRE FL**

3.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
3.2 NAME **BENCE, PHYLLIS R**
3.3 STREET ADDRESS **8469 NAVARRE PKWY**
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or on an attachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-95 904 939-3580

CR2E034 (12/95)