

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

FILED

Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G37617 (9)

1. Corporation Name  
PANHANDLE MORTGAGE, INC.

Principal Place of Business

8251 NAVARRE PKWY  
STE B  
NAVARRE FL 32566  
US

Mailing Address

8251 NAVARRE PARKWAY-STE A  
P O BOX 5217  
NAVARRE FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1983

4. FEI Number

59-2291775

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8285 NAVARRE PKWY

Suite, Apt. #, etc.  
22 Suite B

City & State  
23 NAVARRE FL

Zip  
24 32566

Country  
25 Santa Rosa

2a. Mailing Address

26 P.O. Box 5217

Suite, Apt. #, etc.

27 Suite B

City & State  
28 NAVARRE FL

Zip  
29 32566

Country  
30 Santa Rosa

9. Name and Address of Current Registered Agent

REBHOLZ, MARY E  
8285 NAVARRE PARKWAY, STE B  
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8285 NAVARRE PARKWAY STE B

83

84

City  
NAVARRE

FL

85

Zip Code  
32566

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



Mary E. Rebholz Pres.

3/20/98

Signature, printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

S  
NAME REBHOLZ, MARY E  
STREET ADDRESS 2701 CREEKS EDGE LANE  
CITY-ST-ZIP NAVARRE FL

TITLE ☐ DELETE

P  
NAME REBHOLZ, MARY E  
STREET ADDRESS 2701 CREEKS EDGE LANE  
CITY-ST-ZIP NAVARRE FL

TITLE ☐ DELETE

VP  
NAME BENDER, ALFRED III  
STREET ADDRESS 300 CORDOBA ST  
CITY-ST-ZIP GULF BREEZE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

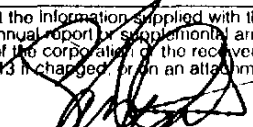
6.2 NAME

6.3 STREET ADDRESS

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 in changed or on an attachment with an address

SIGNATURE:



Pres 320 488 850 939 3220

CR2E034 (10/97)