**FILED** 

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90009 014 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H43828

PANHANDLE CONSTRUCTION AND DEVELOPMENT, INC.

										il 84011 Bibli (881	
Principal Place of Business Mailing Address											
P O BOX 667 P O BOX 667											
LYNN HAVEN F	L 32444	LYNN HAVEN FL 32444					DO NOT WRITE IN THIS SPACE				
us us							3. Date Incorporated or Qualifed				
							02/21/1985			}	
2. Principal Pl	ace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number			Applied For	
21	446 5. But 1155	—¬	26				59-2517573		1	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional				
22		27	<del>                                     </del>				5. Certificate of Status Desired Fee Required				
City & State		City_&.	City & State				-6. Election Campaign Financing - \$5:00 May Be				
23		28	28				Trust Fund Contribu	ition	Adde	d to Fees	
Zip	Country	Zip		Countr	У		8. This corporation ow	es the current yea			
24	25	29		30			Personal Property 1		Yes	□No	
	9. Name and Address of Curre	nt Registered Ag	gent		41	A1 .	10. Name and Addres	s of New Registe	ered Agent		
MCC	AULEY, CARROLL L.			8	1	Name					
	PAULET, CARROLL L. PAK AVE.					82 Street Address (P.O. Box Number is Not Acceptable)					
	AMA CITY FL 32401										
FAIN	AWA CITT FE 32401			8	3						
				8	4	City		1	FL 85 Zi	Code	
44 D	to the provisions of Sections 607.05	02 and 607 1508	Elorida Statute	e the abo	<u>ν</u> Δ.	-named come	oration submits this statem	ent for the numos	se of changing	ts registered	
office or r	egistered agent or both in the State	e of Fiorida, Such	change was at	ithorized b	VΙ	ine comoratio	n's board of directors. I he	reby accept the a	ppointment as	registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section	607.0505, Flor	nda Statute	S.					J	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE:	Registered Ag	ent	signature required	I when reinstating)	DAT	TE .		
12.		ND DIRECTORS	·	13.		<u> </u>	ADDITIONS/CHANG	ES TO OFFICER	S AND DIREC	FORS IN 12	
TITLE	PD		DELETE	1.1 TITLE					` 🔀 Chang	e 🔲 Addition 🕽	
NAME	GAAL, RICK			1.2 NAME	:						
STREET ADDRESS	6347 OAK KNOLL ROAD			1.3 STRE	ET/	ADDRESS 1	10 RIDGE	rest	COURT	<u> </u>	
CITY-ST-ZIP	PANAMA CITY FL			1.4 CITY-	ST.	-ZIP	10 RIDGEC PANAMA CITY	F102101	A 3240	5	
TITLE			DELETE	2.1 TITLE			<u></u>		☐ Chang	e	
NAME				2.2 NAME	:						
STREET ADDRESS				2.3 STRE	ET/	ADDRESS				i	
CITY-ST-ZIP				2.4 CITY	-ST	r-ZIP			<u> </u>		
TITLE			☐ DELETE	3.1 TITLE					☐ Chang	e ~ [ Addition	
NAME				3.2 NAME			-		•	j	
STREET ADDRESS				33 STRE	ΕĪ	ADDRESS					
CITY-ST-ZIP	1			3.4. CITY	-ST	r-zip					
TITLE			☐ DELETE	4.1 TITLE					Chang	e	
NAME				4. 2 NAM	E				•	į	
STREET ADDRESS				4.3 STRE	ΕŢ	ADDRESS					
CITY-ST-ZIP				4.4 CITY-	ST	- ZIP			<u> </u>		
TITLE			☐ DELETE	5.1 TITLE					Chang	e 🗌 Addition	
NAME				5.2 NAME						į	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 CITY-		- ZIP					
TITLE			DELETE	6.1 TITLE					☐ Chang	e	
NAME				6.2 NAME	-					. [	
STREET ADDRESS				6.3 STRE	ΕŤ	ADDRESS				í	
0.T. 0T 710				64 CITY	ST.	-7IP				Ì	

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 of 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 from any attachment with an address, with all other like empowered.

SIGNATURE: