

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

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90082 042 \*\*\*150.00

DOCUMENT # H65779

1. Corporation Name  
PANHANDLE YOGURT, INC.

Principal Place of Business  
852 HIGHWAY 98 EAST  
DESTIN FL 32541

Mailing Address  
852 HIGHWAY 98 EAST  
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/10/1985

4. FEI Number  
59-2549022

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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

NEWMAN, RAYMOND F JR  
150 EGLIN PKWY NE  
FT WALTON BCH FL 32548

10. Name and Address of New Registered Agent

81 Name Raymond F Newman, Jr  
82 Street Address (P.O. Box Number is Not Acceptable) Paradise Village  
83 348 Miracle Strip Parkway S.W. Suite 7  
84 City Ft. Walton Beach FL 85 Zip Code 32548

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

TITLE P  
NAME GARRITY JR., FRANK O.  
STREET ADDRESS 1668 LAGRANGE RD  
CITY-ST-ZIP FREEPORT FL 32439

TITLE S  
NAME GARRITY, D. WYNELL  
STREET ADDRESS 1668 LAGRANGE RD  
CITY-ST-ZIP FREEPORT FL 32439

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 264 Lakeview Beach Dr.  
1.4 CITY-ST-ZIP DESTIN, FL 32541

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 264 Lakeview Beach Dr.  
2.4 CITY-ST-ZIP DESTIN, FL 32541

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Signatures Required Wynell Garrity 3/29/99 (850)650-6426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)