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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(6)

PANHANDLE PALMS CORPORATION

**FILED** 

Feb 18 1998 8:00am

Secretary of State

Principal Place of Business		Mailing Address				r engeneren mas maire memme triter minem triter battet dirter differ feitert filmte milbit biffer			
140 OVERBROOK BLVD BELLEAIR BLUFF FL 34640		140 OVERBROOK BLVD BELLEAIR BLUFF FL 34640							
						DO NOT WOITE IN THIS COLOR			
						DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE		
						12/28/1988			
2. Principal F	Place of Business	2a. Mailing Address			<del></del>	4. FEI Number		applied For	
21		26				65-0091855	Tapaica Fei		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			·		40 7F		
22		27				5. Certificate of Status Desired		Required	
City & Stat	le	City & State				6. Election Campaign Financing	\$5.00	May Be	
23	28					Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the cu	rrent year Ir	ntangible	
24	25	29	30			Personal Property Tax due June 30.	X Yes	□ No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent		
BRYANT, WINSTON, CPA				81	Name				
	O OVERBROOK BLVD			B2 Stre		ddress (P.O. Box Number is Not Acceptable)			
BE	ELLEAIR BLUFFS FL 34640								
				83					
				84	City		<b>85</b> Zip	Code	
					-	FL	_   `   `		
Office of r	to the provisions of Sections 607.056 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was	authorized	d by	the corpo	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the ap	of changing pointment a	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicable (NO	IE: Registered	1 Ager	t signature re	puired when reinstating) DATÉ			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 111	TLE			☐ Change	Addition	
NAME	COLLINGS, RAYMOND G.		12 NA	AME					
STREET ADDRESS	11875 GULF BLVD		1.3 ST	REET /	ADDRESS				
CITY-ST-ZIP	Treasure Island FL		1.4 00	TY-ST	- ZIP			j	
TITLE		DELETE	2.1 TIT				Change	☐ Addition	
NAME			2.2 NA	ME				- 1	
STREET ADDRESS			2.3 ST	REET A	ADDRESS	·		-	
CITY-ST-ZIP			2. 4 CI	TY- \$1	T-ZIP				
TITLE		DELETE	3.1 TIT	[L <b>E</b>			Change	Addition	
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET #	ADDRESS				
CITY-ST-ZIP			3 4, CI	<u> </u>	- ZIP				
TITLE		☐ DELETE	4.1 TIT	LE			Change	Addition	
NAME			4. 2 NA	AME					
STREET ADDRESS			4.3 ST	REET A	NDDRESS				
CITY-\$T-ZIP			4.4 CIT	Y-ST	- ZIP				
TITLE		DELETE	5.1 TiT	LE			Change	☐ Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STF	REETA	DDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST	- ZIP				
TITLE		☐ DELETÉ	6.1 TIT				Change	Addition	
NAME			62 NA	ME	Ì				
STREET ADDRESS					ODRESS				
			1 2.5 3.1	,					

14. I hereby certify that the information supplied with this filing does not quality 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.