

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

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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L01910** (3)

1. Corporation Name:
PANHANDLE SAND AND CLAY, INC.

Principal Place of Business % JAMES R. TIPPINS 7151 FRONT BEACH RD 217 PANAMA CITY BEACH FL 32407	Mailing Address % JAMES R. TIPPINS 7151 FRONT BEACH RD 217 PANAMA CITY BEACH FL 32407
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/13/1989	3a. Date of Last Report 04/23/1996
21		26		4. FEI Number 59-2957493	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent TIPPINS, JAMES R. 7151 FRONT BCH RD 217 PANAMA CITY BEACH FL 32407				10. Name and Address of New Registered Agent	
81	Name TIPPINS, KAY H.				
82	Street Address (P.O. Box Number is Not Acceptable) 7151 FRONT BCH. RD 217				
83					
84	City	PANAMA CITY BEACH	85	Zip Code	FL 32407

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: *K H Tippins* **KAY H. TIPPINS, PRESIDENT** 03-25-97
(Signature typed or printed name of registered agent and firm if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPPINS, JAMES R.		1.2 NAME	TIPPINS, KAY H.	
STREET ADDRESS	7151 FRONT BCH RD 217		1.3 STREET ADDRESS	7151 FRONT BCH RD 217	
CITY - ST - ZIP	PANAMA CITY BCH FL		1.4 CITY - ST - ZIP	PANAMA CITY BCH FL	
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPPINS, KAY H.		2.2 NAME	TIPPINS, JAMES R.	
STREET ADDRESS	7151 FRONT BCH RD 217		2.3 STREET ADDRESS	7151 FRONT BCH RD 217	
CITY - ST - ZIP	PANAMA CITY BCH FL		2.4 CITY - ST - ZIP	PANAMA CITY BCH FL	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: *K H Tippins* **KAY H. TIPPINS - Pres.** 03-25-97 904-233-2860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)