## FILE NÓW: 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 # L01910 1. Corporation Name

PANHANDLE SAND AND CLAY, INC.

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90065 039 \*\*\*150.00



Principal Place	e of Business	Mailing Address				- I FRATERIA DIL ORIGI SERIA FREME ILAIS DATE RINETI	#1 <b>0</b> 11 #1011 011	TEL MINIS OF DER LAND
4323 LEGEND PLACE P.O. BOX 27034 PANAMA CITY FL 32411 PANAMA CITY FL 32411						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						07/13/1989		}
Principal Place of Business     2a. Mailing Address						4. FEI Number		Applied For
21 26						59-2957493		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees
Zip	Country	Zip	_ Cou	ntry		8. This corporation owes the current year In		
24	25	29 30	ַ וֹם			Personal Property Tax.	<b>I</b> ✓Yes	□No
	9. Name and Address of Curren	t Registered Agent		04	Mana	10. Name and Address of New Registered	Agent	
TIODI	BAIC MAN LI			81	Name		•	
4323	ins, kay h Legend Pl.				Street Addre	ess (P.O. Box Number is Not Acceptable)		2.5.5
PANA	AMA CITY FL 32411			83				
				84	City		85 Zi	ip Code
						<u>FL</u>	<u>-                                    </u>	
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	orized	lbyt	-named corpo he corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changing intment as	its registered registered
SIGNATURE				_				
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re D DIRECTORS	13.	Agent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TOPS IN: 12
12.	PD OFFICERS AN	□ DELETE	1,1 717	n E		ADDITIONS CHANGES TO OFFICE ROAD	Chang	
NAME	TIPPINS, KAY H	_ occe	1.2 NA					,
	4323 LEGEND PL.				ADORESS	•	•	
STREET ADORESS	PANAMA CITY FL 32411				į.	•		
CITY-ST-ZIP TITLE	STD	DELETE	2.1 TIT	IY-ST-	- 2117		Chang	ge Addition
			2.1 M					,-, ,-
NAME	TIPPINS, JAMES R				*DDD500			Ì
STREET ADDRESS	4323 LEGEND PL.				ADORESS			
CITY-ST-ZIP TITLE	PANAMA CITY FL 32411	☐ DELETE	2. 4 CI 3.1 TIT		- ZIP		☐ Chang	ge Addition
I		_ occere	3.1 NA					,0
NAME					************			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. C! 4.1 TIT		-ZIP		☐ Chang	e DAddition
NAME			4. 2 N					,
STREET ADDRESS					ADDRESS			ļ
			4.5 GT		i			<u>}</u> .
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT		-212		Chang	e Addition
NAME			5.2 NA					_
STREET ADDRESS			•		ADDRESS			
CITY-ST-ZIP			5.4 CII					11,21,62
TITLE		☐ DELETE	6.1 TIT				Chanc	ge / Addition
NAME			6.2 NA				. —	·
STREET ADDRESS					ADDRESS	·	•	
STREET ADURESS		-			70			

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: