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Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L62124** (7)  
1. Corporation Name  
**PANHANDLE TOWER CORPORATION SERVICES, INC.**



Principal Place of Business  
**9707 INDIAN BLUFF RD  
YOUNGSTOWN FL 32466  
US**

Mailing Address  
**P.O. BOX 753  
LYNN HAVEN FL 32444-0753**

3. Date Incorporated or Qualified **03/28/1990** 3a. Date of Last Report **02/07/1996**  
4. FEI Number **59-3006483** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 **8426 Freese Rd** 26 Suite, Apt. #, etc.  
22 **Panama City, FL** 27 City & State  
23 **32404** 28 Zip  
24 Country 25 **U.S.** 29 Country 30

9. Name and Address of Current Registered Agent

**PATTERSON, BARBARA E  
9707 INDIAN BLUFF RD  
YOUNGSTOWN FL 32466**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 *Barbara Meche* **Barbara Meche** **1/9/97**  
(Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTERSON, BARBARA E</b>	1.2 NAME	
STREET ADDRESS	<b>9707 INDIAN BLUFF RD YOUNGSTOWN FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MECHE, LESTER</b>	2.2 NAME	
STREET ADDRESS	<b>9707 INDIAN BLUFF RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>YOUNGSTOWN FL</b>	2.4 CITY-ST-ZIP	
TITLE	TDS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAXLER, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>9233 ANGIE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	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 *Barbara Meche* **Barbara Meche** **1/9/97** **(904) 722-9862**  
(Signature, typed or printed name of signing officer or director Date Daytime Phone #)

CR2E034 (9/96)