

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 AUG -3 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # N93000003735 (8)

1. Corporation Name

PANHANDLE PIONEER SETTLEMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**SAM ADKINS PARK RD. SAM ADKINS PARK RD.
PO BOX 215 PO BOX 215
BLOUNTSTOWN FL 32424 BLOUNTSTOWN FL 32424**

3. Date Incorporated or Qualified **08/18/1993** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-3198852** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SMITH, WILLARD
ROUTE 1 BOX 138
BLOUNTSTOWN FL 32424**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Linda L. Smith Vice Pres.* *Linda L. Smith* *6-29-95*
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	PD
NAME	SMITH, WILLARD
STREET ADDRESS	RT. 1 BOX 138
CITY - ST - ZIP	BLOUNTSTOWN FL 32424
TITLE	VD
NAME	SMITH, LINDA
STREET ADDRESS	RT. 1 BOX 138
CITY - ST - ZIP	BLOUNTSTOWN FL 32424
TITLE	SD
NAME	CAMPANA, LOIS
STREET ADDRESS	PO BOX 615
CITY - ST - ZIP	BLOUNTSTOWN FL 32424
TITLE	TD
NAME	JOHNSON, HOWARD JR
STREET ADDRESS	PO BOX 776
CITY - ST - ZIP	BLOUNTSTOWN FL 32424
TITLE	D
NAME	ALEXANDER, DONNA
STREET ADDRESS	RT. 2 BOX 171-A
CITY - ST - ZIP	ALTHA FL 32421
TITLE	D
NAME	RYALS, DANNY
STREET ADDRESS	RT. 1 BOX 17
CITY - ST - ZIP	ALTHA FL 32421

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda L. Smith Vice Pres.* *Linda L. Smith* *6-29-95 (904) 674-8055*
Signature and typed or printed name of signing officer or director. Date (Month/Year)

CR2E037 (3/95)