

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000003735 (8)**

1. Corporation Name

**PANHANDLE PIONEER SETTLEMENT, INC.**



Principal Place of Business

Mailing Address

SAM ADKINS PARK RD.  
PO BOX 215  
BLOUNTSTOWN FL 32424

SAM ADKINS PARK RD.  
PO BOX 215  
BLOUNTSTOWN FL 32424

3. Date Incorporated or Qualified **08/18/1993**      3a. Date of Last Report **08/03/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number <b>59-3198852</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

SMITH, WILLARD  
ROUTE 1 BOX 138  
BLOUNTSTOWN FL 32424

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLARD	1.2 NAME	
STREET ADDRESS	RT. 1 BOX 138	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LINDA	2.2 NAME	
STREET ADDRESS	RT. 1 BOX 138	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPANA, LOIS	3.2 NAME	
STREET ADDRESS	PO BOX 615	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HOWARD JR	4.2 NAME	
STREET ADDRESS	PO BOX 776	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, DONNA	5.2 NAME	
STREET ADDRESS	RT. 2 BOX 171-A	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA FL 32421	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYALS, DANNY	6.2 NAME	
STREET ADDRESS	RT. 1 BOX 17	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA FL 32421	6.4 CITY-ST-ZIP	

6.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.6 NAME	
6.7 STREET ADDRESS	
6.8 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Willard Smith* Pres. Willard Smith Pres. 2-1996704 674-805-3

Date

Daytime Phone #

CR2E037 (12/95)