

FILE NOW: FILING FEE IS \$61.25

FILED

**May 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003735 (8)
1. Corporation Name
PANHANDLE PIONEER SETTLEMENT, INC.



Principal Place of Business SAM ADKINS PARK RD. PO BOX 215 BLOUNTSTOWN FL 32424	Mailing Address SAM ADKINS PARK RD. PO BOX 215 BLOUNTSTOWN FL 32424
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3. Date Incorporated or Qualified 08/18/1993	
4. FEI Number 59-3198852	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 85 Zip Code FL
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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 _____ (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 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	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 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	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	P.O. BOX 815 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	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	P.O. BOX 776 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, DONNA	5.2 NAME	
STREET ADDRESS	RT. 2, BOX 171-A N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYALS, DANNY	6.2 NAME	
STREET ADDRESS	RT. 1, BOX 17 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHA FL	6.4 CITY-ST-ZIP	

5.1 TITLE **News Letter Editor**
5.2 NAME **Tatum, David**
5.3 STREET ADDRESS **Rt 2 Box 104**
5.4 CITY-ST-ZIP **ALPHA FL 32421**

6.1 TITLE **Board member**
6.2 NAME **Nelhy, haDonna**
6.3 STREET ADDRESS **Rt 1 Box 171-K**
6.4 CITY-ST-ZIP **ALPHA FL 32421**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]*

CR2E037 (10/97)