


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 27, 1999 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

01-27-1999 90023 042 \*\*\*\*\*70.30

**DOCUMENT # N93000003735**

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
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/18/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3198852
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	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 \_\_\_\_\_ (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	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPANA, LOIS	3.2 NAME	
STREET ADDRESS	P.O. BOX 615 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	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	E <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATUM, DAVID	5.2 NAME	
STREET ADDRESS	RT 2 BOX 104	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA FL 32421	5.4 CITY-ST-ZIP	
TITLE	BM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, LADONNA	6.2 NAME	
STREET ADDRESS	RT 1 BX 171-K	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA FL 32421	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Linda Smith* SIGNATURE REQUIRED: *Linda Smith* 1-12-99 850 674-8055  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)