

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90004 020 ***104.30

DOCUMENT # N93000003735

1. Entity 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 32424-0215**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3198852

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, WILLARD
 ROUTE 1 BOX 138
 BLOUNTSTOWN FL 32424**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLARD	NAME	
STREET ADDRESS	RT. 1, BOX 138 N/A	STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LINDA	NAME	
STREET ADDRESS	RT. 1, BOX 138 N/A	STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPANA, LOIS	NAME	
STREET ADDRESS	P.O. BOX 615 N/A	STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HOWARD JR	NAME	
STREET ADDRESS	P.O. BOX 776 N/A	STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	CITY-ST-ZIP	
TITLE	E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATUM, DAVID	NAME	
STREET ADDRESS	RT 2 BOX 104	STREET ADDRESS	
CITY-ST-ZIP	ALPHA FL 32421	CITY-ST-ZIP	
TITLE	BM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, LADONNA	NAME	
STREET ADDRESS	RT 1 BX 171-K	STREET ADDRESS	
CITY-ST-ZIP	ALPHA FL 32421	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda L. Smith* **SIGNATURE REQUIRED** Linda L. Smith 1-14-2000 850-674-8055
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)