

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:48

DOCUMENT # N93000004016 (2)

1. Corporation Name

PANHANDLE FREE BEACHES, INC.

Principal Place of Business

Mailing Address

2299 SCENIC HIGHWAY H-5
PENSACOLA FL 32503

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PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1993

3a. Date of Last Report

02/22/1994

4. FEI Number

59-3202770

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 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

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 2136 Tom St

2a. Mailing Address

26 PoB 5488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Navarre FL

City & State

28 Navarre FL

Zip

24 32566

Country

25 Santa Rosa

Zip

29 32566

Country

30 Santa Rosa

9. Name and Address of Current Registered Agent

HANNERS, DAVID
2136 TOM ST
NAVARRE FL 32566

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 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE

David Hanners

DAVID HANNERS Vice-President

3-2-95

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	D
NAME	BALL, ROBERT
STREET ADDRESS	1887 PRESIDIO ST
CITY-ST-ZIP	NAVARRE FL 32566
TITLE	D
NAME	HANNERS, DAVID
STREET ADDRESS	2136 TOM STREET
CITY-ST-ZIP	NAVARRE FL 32566
TITLE	D
NAME	PARKER, GEORGE E
STREET ADDRESS	3008 JONTE STREET
CITY-ST-ZIP	PASCAGOULA MS 39567
TITLE	D
NAME	TADEUSIAK, GEORGE
STREET ADDRESS	6815 MALVERN STREET
CITY-ST-ZIP	PENSACOLA FL 32508
TITLE	D
NAME	TADEUSIAK, CAMILLE
STREET ADDRESS	6815 MALVERN STREET
CITY-ST-ZIP	PENSACOLA FL 32508
TITLE	D
NAME	TRAYNHAM, DAVID
STREET ADDRESS	9341 N EIGHT MILE CREEK ROAD
CITY-ST-ZIP	PENSACOLA FL 32534

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice-President	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice-President	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Trustee	☒ Change ☐ Addition
4.2 NAME	Paul Shook	
4.3 STREET ADDRESS	210 St. Augustine Ave.	
4.4 CITY-ST-ZIP	Pensacola FL 32503	
5.1 TITLE	Trustee	☒ Change ☐ Addition
5.2 NAME	Sumpter Goodwin	
5.3 STREET ADDRESS	3124 Woodley Rd	
5.4 CITY-ST-ZIP	Montgomery AL 36116	
6.1 TITLE	Trustee	☒ Change ☐ 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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David Hanners

DAVID HANNERS, Vice-President

3-2-95

904-939-8822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Telephone Number