

# 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 # N93000004016 (2)**

1. Corporation Name

**PANHANDLE FREE BEACHES, INC.**



Principal Place of Business

**2136 TOM ST.  
NAVARRE FL 32566  
US**

Mailing Address

**P.O. BOX 5488  
NAVARRE FL 32566  
US**

3. Date Incorporated or Qualified

**09/03/1993**

3a. Date of Last Report

**03/07/1995**

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**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANNERS, DAVID  
2136 TOM ST  
NAVARRE FL 32566**

**81**

Name

**ROBERT BALL**

**82**

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

**1887 PRESIDIO ST**

**83**

**84**

City

**NAVARRE**

**FL**

**85**

Zip Code

**32566**

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

**ROBERT BALL / SECT. TAFS**

**Robert Ball**

**4-4-96**

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 **P** ☐ DELETE

NAME **BALL, ROBERT**  
STREET ADDRESS **1887 PRESIDIO ST**  
CITY-ST-ZIP **NAVARRE FL**

TITLE **VP** ☐ DELETE

NAME **HANNERS, DAVID**  
STREET ADDRESS **2136 TOM STREET**  
CITY-ST-ZIP **NAVARRE FL**

TITLE **VP** ☒ DELETE

NAME **PARKER, GEORGE E**  
STREET ADDRESS **3006 JONTE STREET**  
CITY-ST-ZIP **PASCAGOULA MS**

TITLE **T** ☐ DELETE

NAME **SHOOK, PAUL**  
STREET ADDRESS **210 ST. AUGUSTINE AVE.**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **T** ☒ DELETE

NAME **GOODWIN, SUMPTER**  
STREET ADDRESS **3124 WOODLEY RD.**  
CITY-ST-ZIP **MONTGOMERY AL**

TITLE **T** ☐ DELETE

NAME **TRAYNHAM, DAVID**  
STREET ADDRESS **9341 N EIGHT MILE CREEK ROAD**  
CITY-ST-ZIP **PENSACOLA FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**SHOOK, PAUL**

**210 ST. AUGUSTINE AVE.**

**PENSACOLA FL**

**S/T**

**BALL, ROBERT**

**1887 PRESIDIO ST.**

**NAVARRE FL 32566**

**200001787152**

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**D**

**BROOKS, KAY**

**3176 AUBURN PK. WY.**

**GULF BREEZE FL 32561**

**4-18-96**

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:

**Robert Ball, Robert BALL**

**4-4-96**

**904-939-8467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)