


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004016 (2)**

1. Corporation Name

**PANHANDLE FREE BEACHES, INC.**



Principal Place of Business <b>2136 TOM ST. NAVARRE FL 32566 US</b>	Mailing Address <b>P.O. BOX 5488 NAVARRE FL 32566-0488 US</b>
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3. Date Incorporated or Qualified <b>09/03/1993</b>	3a. Date of Last Report <b>04/18/1996</b>
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2. Principal Place of Business <b>21 1887 PRESIDIO ST.</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 NAVARRE FL</b> Zip <b>24 32566</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29 SANTA ROSA</b> Country <b>30</b>
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4. FEI Number <b>59-3202770</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>BALL, ROBERT 1887 PRESIDIO ST. NAVARRE FL 32566</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALL, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>1887 PRESIDIO ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAVARRE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANNERS, DAVID</b>	2.2 NAME	
STREET ADDRESS	<b>2136 TOM STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAVARRE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKS, KAY</b>	3.2 NAME	
STREET ADDRESS	<b>3176 AUBURN PKWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHOOK, PAUL</b>	4.2 NAME	
STREET ADDRESS	<b>210 ST. AUGUSTINE AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODWIN, SUMPTER</b>	5.2 NAME	
STREET ADDRESS	<b>3124 WOODLEY RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTGOMERY AL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAYNHAM, DAVID</b>	6.2 NAME	
STREET ADDRESS	<b>9341 N EIGHT MILE CREEK ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)