

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003605 (2)

1. Corporation Name

PANHANDLE PATRIOTS, INC.



Principal Place of Business

Mailing Address

**P.O. BOX 5153
FT. WALTON BEACH FL 32549-5153**

**P.O. BOX 5153
FT. WALTON BEACH FL 32549-5153**

3. Date Incorporated or Qualified
07/18/1994

3a. Date of Last Report
12/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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4. FEI Number
59-3299487

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARBARISI, DENNIS A ESO
171-A EGLIN PKWY NE
FT. WALTON BEACH FL 32548-4444**

81 Name
Jeffrey D. Proper

82 Street Address (P.O. Box Number is Not Acceptable)
237 Beal Pkwy NE # 305

83

84 City

Fort Walton Beach,

FL

85 Zip Code
32548

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

Jeffrey D. Proper Sec.

Jeffrey D. Proper Sec.

02/23/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **HENLEY, CRAWFORD**
STREET ADDRESS **801 MELISSA CT.**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Patterson, William B.**
1.3 STREET ADDRESS **35 Anastasia Ct.**
1.4 CITY-ST-ZIP **Ft. Walton Beach, FL 32548**

TITLE **VD** ☒ DELETE
NAME **SMITH, RUSSELL**
STREET ADDRESS **80 LAKE LORRAME CIRCLE**
CITY-ST-ZIP **SHALIMAR FL 32579**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Earle, Yvonne**
2.3 STREET ADDRESS **1600 W. Campbell Dr.**
2.4 CITY-ST-ZIP **Ft. Walton Beach, FL 32547**

TITLE **TD** ☐ DELETE
NAME **PRETTYMAN, RALPH**
STREET ADDRESS **616 MERIONETH DR.**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **PROPER, JEFFREY D**
STREET ADDRESS **237 BEAL PKWY #305**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **YESCONIS, KENNETH**
STREET ADDRESS **3 KRIVK CT.**
CITY-ST-ZIP **FT. WALTON BEACH FL 32547**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **PATTERSON, WILLIAM B**
STREET ADDRESS **35 ANASTASIA CT.**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **DeMers, Gary**
6.3 STREET ADDRESS **26 SE Tupelo Ave**
6.4 CITY-ST-ZIP **Ft. Walton Beach, FL 32548**

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:

William B. Patterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/96
Date

904-243-3889
Daytime Phone #

CR2E037 (12/95)