

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32549-5153P.O. BOX 5153
FT. WALTON BEACH FL 32549-51533. Date Incorporated or Qualified
07/18/19943a. Date of Last Report
03/06/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

PROPER, JEFFREY D.
237 BEAL PKWY NE #305
FT. WALTON BEACH FL 32548-4444

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3299487

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

81 Name

Jeffrey D. Proper

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

802 Lark St. # 13

83

84 City

Fort Walton Beach,

FL

85 Zip Code

32547

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

Jeffrey D. Proper Secretary

02/11/97

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 ☐ DELETENAME PD
PATTERSON, WILLIAM B.
STREET ADDRESS 35 ANASTASIA CT
CITY-ST-ZIP FT. WALTON BEACH FLTITLE ☒ DELETENAME VD
EARLE, YVONNE
STREET ADDRESS 1600 W CAMPBELL DR
CITY-ST-ZIP FT WALTON BCH FLTITLE ☒ DELETENAME TD
PRETTYMAN, RALPH
STREET ADDRESS 616 MERIONETH DR.
CITY-ST-ZIP FORT WALTON BEACH FL 32547TITLE ☐ DELETENAME SD
PROPER, JEFFREY D
STREET ADDRESS 237 BEAL PKWY #305
CITY-ST-ZIP FORT WALTON BEACH FL 32548TITLE ☐ DELETENAME D
YESCONIS, KENNETH
STREET ADDRESS 3 KRIVK CT.
CITY-ST-ZIP FT. WALTON BEACH FL 32547TITLE ☒ DELETENAME D
DEMERS, GARY
STREET ADDRESS 26 SE TUPELO AVE
CITY-ST-ZIP FORT WALTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Gerry DeMers

2.3 STREET ADDRESS 26 Tupelo SE

2.4 CITY-ST-ZIP Fort Walton Beach, FL 32548

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Yvonne Ealre

3.3 STREET ADDRESS 1600 W. Campbell Dr.

3.4 CITY-ST-ZIP Fort Walton Beach, FL 32547

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Jeffrey D. Proper

4.3 STREET ADDRESS 802 Lark St. # 13

4.4 CITY-ST-ZIP Fort Walton Beach, FL 32547

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Kenneth Yesconis

5.3 STREET ADDRESS 995 Denton Blvd. Apt # B-10

5.4 CITY-ST-ZIP Fort Walton Beach, FL 32547

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME Frank Croft

6.3 STREET ADDRESS 710 Swan Lane

6.4 CITY-ST-ZIP Destin, FL 32541

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.

SIGNATURE:

Jeffrey D. Proper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey D. Proper Secretary 2/11/97 (904)244-1108

Date

Daytime Phone # 0074112

CR2E037 (9/96)