

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 OCT 27 AM 10:16

REINSTATEMENT SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10222004 REIN-P CR2E098 (6/04)

DOCUMENT # P03000091403	
1. Entity Name A/C SERVICE OF THE PANHANDLE, INC.	



Principal Place of Business 931-A HARRISON AVE PANAMA CITY, FL 32401	Mailing Address PO BOX 8142 SOUTHPORT, FL 32409
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2. Principal Place of Business 1601 - B Tennessee Ave Suite, Apt. #, etc.	3. Mailing Address 1601 - B Tennessee Ave Suite, Apt. #, etc.
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City & State Lynn Haven FL	City & State Lynn Haven, FL
Zip 32444	Country Bay
Zip 32444	Country Bay

4. FEI Number 41 - 2113821	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADKISON, WENDY 25 E WOODLAND RD SOUTHPORT, FL 32409	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Wendy Adkison DATE: 10/22/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADKISON, WENDY PO BOX 8142 SOUTHPORT, FL 32409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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10/27/04--01038--013 **158.75

12. I 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy Adkison DATE: 10/22/04 DAYTIME PHONE #: 850-522-4055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #