## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

**19**98

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000038947 (6)

PANHANDLE DEVELOPMENT, INC.

Principal Place of Business Mailing Address 150 AZALEA DRIVE POB 5404 DESTIN FL 32540 STE 8A DESTIN FL 32541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/25/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3186059 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name PETERMANN, RICHARD P 25 NE WALTER MARTIN RD Street Address (P.O. Box Number is Not Acceptable) FT WALTON BEACH FL 32548 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Change Addition DELETE 1 1 TITLE TITLE RILEE, JOHN K Rilee, John K NAME 1.2 NAME 3802 INDIGO CIRCLE 433 Calhoundue 1.3 STREET ADDRESS STREET ADDRESS **DESTIN FL** Desna FL 32541 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2 1 TITLE KNIGHT, THOMAS V NAME 22 NAME 269 MAINSTREET STREET ADDRESS 2.3 STREET ADDRESS CRESTVIEW FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 1fTLE TITLE 3.2 NAME NAME 3.3 STHEET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual report is true and accordate an officer or director of the corporation or the receiver or trust deprovement and accordate an officer or director of the corporation or the receiver or trust deprovement execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 4/20/00 (090)830,96/2

**FILED** 

May 04 1998 8:00am

Secretary of State