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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400005289

PANHANDLE REALTY, INC.

Principal Place of Business

Mailing Address

## FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90021 003 \*\*\*150.00



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8729 HIGHWAY 2301 YOUNGSTOWN FL 32466		P.O.BOX 1177 YOUNGSTOWN FL 32466		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 01/24/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3219292		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	\$8.7	5 Additional
22	.,	27			5. Certifcate of Status Desired		Required
City & State	,	City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees
Zip 24			Country 30		8. This corporation owes the current year Intangible Personal Property Tax.   Yes		
	9. Name and Address of Curren	t Registered Agent		Ţ	10. Name and Address of New Regis	tered Agent	
			81	Name			
WILLIAMS, GEORGE E 4825 PINE AVE			82 Street Add		dress (P.O. Box Number is Not Acceptable)		
YOU	NGSTOWN FL 32466		83				4 (1)
	•		84	City		FL 85	Zip Code
office or re	to the provisions of Sections 607.050.  egistered agent, or both, in the State  in familiar with, and accept the obligation	of Florida. Such change was aut	horized by	the corporat	poration submits this statement for the purpoison's board of directors. I hereby accept the	appointment a	s registered
Olora II olice	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: R	tegistered Age	nt signature requir		TE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PT	☐ DELETE	1.1 TITLE		•	Char	nge 🗌 Addition
NAME	WILLIAMS, GEORGE E		1.2 NAME				
STREET ADDRESS	4825 PINE AVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	YOUNGSTOWN FL 32466		1.4 CITY- S	ST-ZIP			
TITLE	VS	☐ DELETE	2.1 TITLE			☐ Chai	nge 🗌 Addition
NAME	WILLIAMS, GERALDINE		2.2 NAME				• •
STREET ADDRESS	4825 PINE AVE		2.3 STREE	TADDRESS		š.	
CITY-ST-ZIP	YOUNGSTOWN FL 32466		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Cha	nge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS	*			T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5				, .
TITLE		☐ DELETE	4.1 TITLE	J. 22		Chai	nge 🗌 Addition
NAME	•		4. 2 NAME				
STREET ADDRESS			1	TADORESS	•		
- 1			4.4 CITY-S				j
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	71-ZIF		☐ Chai	nge 🗍 Addition
Į.		LJ DECETE	5.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP	* ** ***	☐ DELETE	6.1 TITLE	or-ZIP		☐ Char	nge Addition
TITLE		∰ N¢reje	6.2 NAME			∟ Criai	ige 🔲 Addition
NAME						*	
STREET ADDRESS			1	TADDRESS			
			64 CITY-S	ו מול די			

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.W. []4ms 1-

(850) 722-852 9

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(E034 (11/98)