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

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the information information indicated on this annual I am an officer or director of the co



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 30 1997 8:00am

Secretary of State

DOCUMENT # P9400073481 (1)

PANHANDLE PAINT SUPPLY INC.

Principal Plac	e of Busines	Mailing A	Mailing Address				3 10 3 11 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
327 EAST 15TH STREET PANAMA CITY FL 82401				327 EAST 15TH STREET PANAMA CITY FL 32405-5408				
							3. Date Incorporated or Qualified 3a. Date of Last Report 10/01/1994 02/01/1996	
2. Principal P	Nace of Busin	├ ~~	2a. Mailing Address				4. FEI Number 59 - 3271016 Applied For	
			26					APPLIED FOR Not Applicable
			27					5. Certificate of Status Dosired \$8.75 Additional Fee Required
City & State			28 City 8	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	in the second		Zip	Z _I p Cou				8. This corporation has liability for intangible tax under s. 199.032.
24 324		25	29		30			Florida Statutes Yes No
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent	
BASS, GEORGE R						81	Name	
262		ŀ	82	Street Add	dress (P.O. Box Number is Not Acceptable)			
LYN	n haven							
					ļ	83		
						84	City	FL 85 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 regist 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 regist agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.								
=	ATTE CENTERIOR WE	in, and accopi the obij	ganons or, seen	on 607,0303, FI	oriua stat	นเยร		
SIGNATURE	Signature, typed	or printed name of registered a	jent and title d applica	ible (NO1	E Registerer	Ager	nt signature requ	quired when reinstal4-g) DATE
12.		OFFICERS AF	ND DIRECTORS		13.	<u>-</u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			DECETE	1.1 (1)	LE		Change Addition
NAME	BASS, G	eorge r			1.2 NA	ML		
STREET ADORESS 2622 FEROL LANE				1.3 STR			ADDRESS	
CITY-ST-ZIP	LYNN H	VEN FL 32444			1.4 Cl	Y-\$1	-7IP	
TITLE	V ,			☐ DELETE	2.1 TH	LF		Change Addition
NAME	KEY, KE				2 2 NA	ML		
STREET ADDRESS 6234 BRYAN WAY							ADDRESS	∵ .
CITY-ST-ZIP		CITY FL 32404		Dener	2 4 Cl		1 - 712	
TITLE	ST	OLILLE O		☐ DELETE	31111			Change Addition
NAME ETREET ADDRESS	BASS, D				3 2 NA			
STREET ADDRESS CITY-ST-ZIP LYNN HAVEN FL 32444				3.3 STREET ADDRESS 3.4. CITY - ST - ZIP				
CITY-ST-ZIP TITLE	LINN IV	VEN FL 32444		DELETE	3.4. CI 4.1 TiT		I - ZIP	Change Addition
NAME				L. J Decene	4.2 N			Change L., Addition
STREET ADDRESS					R .		ADDRESS	
CITY-ST-ZIP					4.4 011			
TITLE	i			DELETE	5.1 Til		-20	☐ Change ☐ Addition
NAME					5.2 NA			
STREET ADDRESS					1		ADDRESS	
CITY-ST-ZIP					5.4 CIT		ļ	
TITLE	7.7.			DELETE	6.1 111			Change Addition
NAME	-				6.2 NA			
STREET ADDRESS							ADDRESS	

6.4 CITY - ST - ZIP

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the dort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that also or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name