

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000047884 (8)

1. Corporation Name

PANHANDLE PARTIES, INC.



Principal Place of Business

664 WEST 23RD STREET  
PANAMA CITY FL 32405

Mailing Address

664 WEST 23RD STREET  
6903 N. LAGOON, #11  
PANAMA CITY FL 32405  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1995

4. FEI Number

59-3412076

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



NO \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

THOMAS, PHIL  
664 WEST 23RD STREET  
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name

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

83

84

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the  
office or registered agent, or both, in the State of Florida. Such change was authorized  
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida

SIGNATURE

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

Corporation submits this statement for the purpose of changing its registered  
agent's board of directors. I hereby accept the appointment as registered

(when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

12. OFFICERS AND DIRECTORS

TITLE P  
NAME THOMAS, PHIL  
STREET ADDRESS 2401 STANFORD ROAD, APT 203  
CITY-ST-ZIP PANAMA CITY FL

TITLE VST  
NAME THOMAS, SYLVIA F  
STREET ADDRESS 2401 STANFORD ROAD, APT 203  
CITY-ST-ZIP PANAMA CITY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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.

SIGNATURE

New Address! New Address!  
Phil & Sylvia Thomas  
1120 Minnesota Avenue  
Lynn Haven, Fla., 32444

3-12-98

CP2E034 (10/97)