## 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 # P95000076180

PANHANDLE MARINE SERVICES, INC.

Principal Place of Business	Mailing Address		
4793 TROVARE EAST DESTIN FL 32541 US	4793 TROVARE EAST DESTIN FL 32541 US		
Principal Place of Business	2a. Mailing Address	_	

**FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90082 011 \*\*\*150.00



DESTIN FL 3254 US	<b>(1</b>	UESTIN FL 32541 US		DO NOT WRITE IN THIS SPACE				
00					3. Date Incorporated or Qualifed 09/29/1995			
2. Principal P	tace of Business	2a. Mailing Address		-	4. FEI Number		Applied For	
21		26			59-3344063		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>5</b> Additional	
22		27			J. Dermone of Glands Desmos	Fe	e Required	
City & Stati	е	City & State			6. Election Campaign Financing		<b>00</b> May Be	
23		28			Trust Fund Contribution	Add	led to Fees	
Zip	Country	Zip (	_ Country	,	This corporation owes the current year I			
24	25		0		Personal Property Tax.	Yes	N <sub>o</sub>	
	9. Name and Address of Curre	ent Registered Agent	81	Nama	10. Name and Address of New Registere	a Agent		
MILL	LINS, PAT		) 0,	Name				
150 EGLIN PARKWAY, N.E. FT WALTON BEACH FL 32549			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	METON DESCRITTE SESTO		83					
			84	City		85	Zip Code	
					rporation submits this statement for the purpose			
office or n agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was aut	horized by	the corporat	tion's board of directors. I hereby accept the app	ointment a	is registerea	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOTE R	egistered Age	nt signature requi	red when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PD	DELETE	1 % TITLE	-		Cha	nge	
NAME	BOSTICK, JAMES A		12 NAME					
STREET ADDRESS	4793 TROVARA EAST		13 STREE	TADDRESS				
CITY-ST-ZIP	DESTIN FL 32541	_	14 CITY-S	T-7iP				
TITLE	0	☐ DELETE	2 1 TITLE			☐ Cha	nge 🗌 Addition	
NAME	BOSTICK, JEAN N		2.2 NAME					
STREET ADDRESS	4793 TROVARE EAST		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	DESTIN FL 32541		2 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3 1 TITLE			[] Cha	nge 🗌 Addition	
NAME			3.2 NAME					
STREET ADDRESS			33 STREE	T ADDRESS				
CITY-ST-ZIP			34 CITY	sT-ZIP				
TITLE		☐ DELETE	4 1 TITLE			[] Cha	nge 🗍 Addition	
NAME			4 2 NAME	ļ				
STREET ADDRESS			43 STREE	TADDRESS				
CITY-ST-ZIP			44 CITY-S	T-ZIP				
TITLE		☐ DELETE	5 : TITLE			Cha	nge 🔲 Addition	
NAME			52 NAME					
STREET ADDRESS			Я	TADDRESS				
CITY- ST- ZIP			54 CITY-5	IT-ZIP				
TITLE		☐ DELETE	61 TITLE			☐ Cha	nge 🗍 Addition	
NAME			62 NAME					
STREET ADDRESS			63STREE	TADDRESS				
CITY-ST-ZIP			6.4 CITY-5	iT-ZIP				

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)(1). 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 or powered 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 an anaddress, with all other like empowered.

SIGNATURE:

A. Bostick 3/15/99