Applied For

\$8.75 Additional

Not Applicable

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 # P97000021063

1. Corporation Name

PANHANDLE GOLF, INC.

	_				
Prin	cip	al f	Place	of	Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

#21 S. ANCHORS LAKE DRIVE SANTA ROSE BEACH FL 32429

2. Principal Place of Business

Suite, Apt. #, etc.

#21 S. ANCHORS LAKE DRIVE SANTA ROSE BEACH FL 32429

FILED Feb 19, 1999 8:00 am **Secretary of State**

02-19-1999 90072 020 ***150.00



DO	NOT	WRITE	IN T	HIS :	SPACE	Ξ

3. Date Incorporated or Qualifed

03/03/1997

59-3454860

4. FEI Number

22	uite, Apt.	н, ос.	27	чрт. #, етс.				5. Certifca	te of Status Desired		ЭО./Э / Fee Re	
	ity & Stat	e	City &	State					Campaign Financing		\$5.00 Added	•
Zi	ip	Country	Zip		Countr	ry	******************		poration owes the cu	rrent vear in		
24		25	29	36	0				l Property Tax.	, 555	Yes	□No
		9. Name and Address of Current	Registered A	gent	·]			10. Name a	nd Address of New	Registered	Agent	
	1110	200 001404504			8	1	Name					
		DDS, SCHUYLER V			8:	2 .	Stroot Addros	cc /D /\ Bov	Number is Not Accep	table)		
		S. ANCHOR LAKE DR			"	` ا	Olicel Addies	55 (F.O. DOX	Number is Not Accep	lau io j		
	SUIT	= :			83	3						
	SAN	TA ROSA BCH FL 32459			<u> </u>		014				100 500	^
					84	• '	City			FŁ	_ 85 Zip (Code
11.	Pursuant	to the provisions of Sections 607.0502 :	and 607.1508	, Florida Statutes,	the abov	ve-n	named corpor	ration submits	this statement for the	e purpose of	changing its	registered
(office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such ns∡of. Section	change was auth 607.0505. Florid:	lorized by a∕Statute	y the s.	e corporation	's board of di	rectors. I hereby acce	pt the appoi	ntment as re	gistered
	NATURE	(80hu lor 1/11)	hands	Schry	را سده	Ź,	chade	PLAZ	doutt	1/	20/99	•
SIGN	NATURE	Signature, typed or purified name of registered agent a	nd title if applicable		gistered Age	ent si	gnature required y	nen reinstating)	aeno i	DATE	7//	
12.		OFFICERS AND	DIRECTORS		13.			ADDITIO	NS/CHANGES TO O	FFICERS AN	ND DIRECTO	RS IN 12
TITLE		PD		☐ DELETE	1.1 TITLE						Change	☐ Addition
NAME	İ	Woods, Schuyler			1.2 NAME							
STREE	T ADDRESS	#21 S. ANCHORS LAKE DRIVE			1.3 STREE	ET AD	OORESS					
CITY-S	ST-ZIP	SANTA ROSE BEACH FL 32459			1.4 CITY-	ST-Z	IP .					
TITLE		SVT		☐ DELETE	2.1 TITLE						☐ Change	Addition
NAME		WOODS, MARGARET			2.2 NAME							
STREE	TADDRESS	#21 S. ANCHORS LAKE DRIVE			2.3 STREE	ET AD	DORESS					
CITY-S	ST-21P	SANTA ROSE BEACH FL 32459			2. 4 CITY-	ST-Z	ZIP					
TITLE				☐ DELETE	3.1 TITLE						☐ Change	☐ Addition
NAME					3.2 NAME							
STREE	T ADDRESS				3.3 STREE	ET AD	ORESS					
CITY-S	T-ZIP				3.4. CITY-	ST-Z	ZIP					
TITLE				☐ DELETE	4.1 TITLE						☐ Change	☐ Addition
NAME					4. 2 NAME							,
STREE	TADDRESS			ļ	4.3 STREE	ET AD	DRESS					
CITY-S	it-ZIP				4.4 CITY-5	ST-ZI	IP					
TITLE				☐ DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME					5.2 NAME							į
STREET	T ADDRESS				5.3 STREE	T AD	DRESS					
CITY-S	T-ZIP				5.4 CITY-S	ST-ZI	IP			•	•	
TITLE	1		· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE						☐ Change	☐ Addition
NAME					6.2 NAME							ĺ
STREET	TADDRESS				6.3 STREE	ET AD	DRESS					
CITY-S	T-ZIP				6.4 CITY- 9	ST-ZI	IP					ļ
		ertify that the information supplied with	this files does	and avalify for the			-1-1-0-	-4 440 07/	33/13 Elected Broken			

indicated on this annual report or supplied with rins 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.