FILED DOCUMENT # **P98000017876** Mar 04, 2000 8:00 am **Secretary of State** THE PANHANDLE LAND COMPANY, INC. 03-04-2000 90077 035 ***158.75 Principal Place of Business Mailing Address 1904 LISENBY AVENUE 1904 LISENBY AVENUE PANAMA CITY FL 32405 PANAMA CITY FL 32405-3003 PAROTTOD 2. Principal Place of Business 3. Mailing Address 8030 HWY 77 P.O. BOX 8497 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3494450 SOUTHPORT, FL SOUTHPORT, FL Not Applicable Zip 32409 Country BAY Country BAY \$8.75 Additional 32409 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIKES, HUBERT L. JR PATRICK, J. CLAYTON JR Street Address (P.O. Box Number is Not Acceptable) 8030 HWY 77 4541 HANCOCK CT CHIPLEY FL 32428 Zip Code 32409 SOUTHPORT ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entit submits this state HUBERT L. SIKES, PRESIDENT JR. SIGNATURE DATE d title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This c FILE NOW!!! FEE IS \$150.00 le to satisfy its Intandible 10. Election Campaign Financing \$5.00 May Be Tax filing equirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. K Change ☐ Addition □ Delete TITLE TITLE PATRICK, JOHN CLAYTON JR NAME NAME PATRICK, J. CLAYTON JR STREET ADDRESS 5366 RIVER ROAD STREET ADDRESS 4541 HANCOCK CT CITY-ST-ZIP CITY-ST-ZIP BASCOM, FL 32423 CHIPLEY FL 32428 ☐ Addition T Change ☐ Delete TITLE TITLE NAME SIKES, HUBERT L JR NAME SIKES, HUBERT L JR STREET ADDRESS 1904 LISENBY AVE STREET ADDRESS 8030 HWY 77 CITY-ST-7IP CITY-ST-ZIP PANAMA CITY BEACH FL 32405 SOUTHPORT, FL 32409 A Change ☐ Addition Delete 🖵 ہے ۔۔۔ TITLE TITLE S/T BOWEN, STACIE R NAME GALBREATH, STACIE R STREET ADDRESS STREET ADDRESS 9315 GOBLER CIR 9315 GOBBLER CIRCLE SOUTHPORT, FL 32409 CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL 32409 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

Date

Date