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006064

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90164 002 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000075074

1. Corporation Name

PANHANDLE BEACON, INC.

Principal Place of Business

308 WILLIAMS AVE
PORT ST JOE FL 32456

Mailing Address

308 WILLIAMS AVE
PORT ST JOE FL 32456

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 P.O. Box 706

27 Suite, Apt. #, etc.

28 City & State

Port St. Joe, FL

29 Zip Country

30 32457 USA

3. Date Incorporated or Qualified

08/26/1998

4. FEI Number

59-3532412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAMSEY, SHIRLEY C
308 WILLIAMS AVE
PORT ST JOE FL 32456

10. Name and Address of New Registered Agent

81 Name

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

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Shirley C. Ramsey
Signature, typed or printed name of registered agent and title if applicable.

Shirley C. Ramsey
(NOTE: Registered Agent signature required when registering)

4-30-99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME **RAMSEY, SHIRLEY C**
STREET ADDRESS **1619 PALM BLVD**
CITY-ST-ZIP **PORT ST JOE FL 32456**

TITLE D ☒ DELETE

NAME **RAMSEY, MELISSA**
STREET ADDRESS **1211 PALM BLVD**
CITY-ST-ZIP **PORT ST JOE FL 32456**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME **William H. Ramsey**
1.3 STREET ADDRESS **1619 Palm Blvd**
1.4 CITY-ST-ZIP **Port St. Joe, FL 32456**

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME **Eric B. Ramsey**
2.3 STREET ADDRESS **1619 Palm Blvd**
2.4 CITY-ST-ZIP **Port St. Joe, FL 32456**

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME **William H. Ramsey, Jr.**
3.3 STREET ADDRESS **1619 Palm Blvd**
3.4 CITY-ST-ZIP **Port St. Joe, FL 32456**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

Shirley C. Ramsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)