FILED
May 14, 2003 8:00 am
Secretary of State
05-14-2003 90139 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100216

90134537

1. Entity Name
PANHANDLE CHARTERS, INC.

Principal Place of Business	Mailing Address
1314 ARTHUR AVE PANAMA CITY, FL 32401	1314 ARTHUR AVE PANAMA CITY, FL 32401

2. Principal Place of Business	3. Mailing Address
102 HARMON AVE	102 HARMON AVE
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: PANAMA CITY, FL	City & State: PANAMA CITY, FL
Zip: 32401 Country: USA	Zip: 32401 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3568728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAGE, JAMES R
1204 CAROLINA AVE
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James R Page 5/12/03
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, KEITH R 1314 ARTHUR AVE PANAMA CITY, FL 32401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PAGE, KEITH R 102 HARMON AV PANAMA CITY, FL 32401 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, JAMES R 1204 CAROLINA AVE LYNN HAVEN, FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D PAGE, JAMES R 1204 CAROLINA AV LYNN HAVEN, FL 32444 ☑ Change ☐ Addition
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CR2E034 (10/02)

12. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Page JAMES R. PAGE 5/12/03 850 271-5920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #