

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90002 016 ***150.00

DOCUMENT # P99000058253



1. Entity Name
PANHANDLE FOODS, INC.

Principal Place of Business
**3439 HWY 77
LYNNHAVEN, FL 32444**

Mailing Address
**PO BOX 1266
NICEVILLE, FL 32588**

54058135



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06022004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3607334

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLEAN, JIM
1204 WINDWARD CIR.
NICEVILLE, FL 32578**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCLEAN, JIM**
STREET ADDRESS **1204 WINDWARD CIRCLE**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **D** ☐ Delete
NAME **HUGHES, BOB**
STREET ADDRESS **502 RANA LANE**
CITY-ST-ZIP **NICEVILLE, FL 32478**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES A. MCLEAN PRESIDENT 6/16/04 837-8432

Attachment

574058135
P9900005 8253

BROWN, KIRKLAND & CAMPBELL, P.A.

Certified Public Accountants

7100 PLANTATION ROAD, SUITE 18
PENSACOLA, FLORIDA 32504
(850) 474-1536 / FAX (850) 484-7935

JERRY T. KIRKLAND
PAUL M. CAMPBELL

MICHAEL P. CAMPBELL
BERTON L. BROWN
(1935-1993)

May 20, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Panhandle Foods
1204 Windward Circle
Niceville, FL 32578
FEI #59-3607334

Dear Sir or Madam:

Please accept the payment of \$150.00 for the Annual Report. Please waive all penalties and reinstate the corporation. The reason this payment is late was due to incorrect address on all mailings. Please change the address to:

Panhandle Foods
1204 Windward Circle
Niceville, FL 32578

Again, please accept our apologies for the delay in this payment.

Sincerely,

Michael Campbell

Michael P. Campbell, CPA

mc/ps

enclosure