

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S89052** (2)  
1. Corporation Name  
**PANHANDLE FLYING CLUB, INC.**



Principal Place of Business  
**P.O. BOX 494  
CHIPLEY FL 32428**

Mailing Address  
**P.O. BOX 494  
CHIPLEY FL 32428-0494**

3. Date Incorporated or Qualified <b>10/23/1991</b>	3a. Date of Last Report <b>04/04/1996</b>
4. FEI Number <b>59-3077073</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent  
**PARKER, THOMAS L.  
~~RT 7, BOX 74~~  
CHIPLEY FL 32428**

10. Name and Address of New Registered Agent

81 Name <b>Same</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>584 Hwy 273</b>
84 City <b>Same</b>
85 Zip Code <b>FL</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	WEBB, WENDELL	
STREET ADDRESS	837 BAHOMA ROAD	
CITY - ST - ZIP	CHIPLEY FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, CHUCK	
STREET ADDRESS	RT 2 BOX 30	
CITY - ST - ZIP	CARYVILLE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	PARKER, THOMAS L.	
STREET ADDRESS	584 HWY 273	
CITY - ST - ZIP	CHIPLEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DV</b>
2.3 STREET ADDRESS	<b>Carl Owens</b>
2.4 CITY - ST - ZIP	<b>1334 Deerpath Road</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<b>Chipley, FL. 32428</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>100002068691</b>
6.3 STREET ADDRESS	<b>-01/27/97--01006--021</b>
6.4 CITY - ST - ZIP	<b>***165.00</b>

14. I do 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 or on an attached page with an address.

SIGNATURE: **Thomas L. Parker** 1/20/97 (904) 638-8700

CR2E034 (9/96)