FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L39148** **(6)**

1. Current Name
CREEL, BRYAN & GALLAGHER, P.A.

Principal Place of Business:	Mailing Address:
C/O J. STEVE JAY 1234 AIRPORT ROAD, SUITE 130 DESTIN FL 32541-2925	C/O J. STEVE JAY 1234 AIRPORT ROAD, SUITE 130 DESTIN FL 32541-2925

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1990**
3a. Date of Last Report: **06/27/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. # or P.O. Box (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **59-2980771** ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAY, J. STEVE
1234 AIRPORT ROAD
SUITE 130
DESTIN FL 32541

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 Section 607.1005, 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

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
01 TITLE	P	01 TITLE	D/P ☑ Change ☐ Addition
02 NAME	JAY, J. STEVE	02 NAME	
03 STREET ADDRESS	1234 AIRPORT RD. #130	03 STREET ADDRESS	
04 CITY ST ZIP	DESTIN FL	04 CITY ST ZIP	
05 TITLE	VP	05 TITLE	☑ Change ☐ Addition
06 NAME	MESSICK, JIMMY D.	06 NAME	Delete
07 STREET ADDRESS	1101 N PALAFOX ST.	07 STREET ADDRESS	
08 CITY ST ZIP	PENSACOLA FL	08 CITY ST ZIP	
09 TITLE	S	09 TITLE	D/S ☑ Change ☐ Addition
10 NAME	CUMMINS, MARJORIE L.	10 NAME	
11 STREET ADDRESS	45 BEAL PARKWAY, NE	11 STREET ADDRESS	
12 CITY ST ZIP	FT. WALTON BEACH FL	12 CITY ST ZIP	
13 TITLE	DT	13 TITLE	☐ Change ☐ Addition
14 NAME	BARKER, GENE G.	14 NAME	
15 STREET ADDRESS	45 BEAL PARKWAY, NE	15 STREET ADDRESS	
16 CITY ST ZIP	FT. WALTON BEACH FL	16 CITY ST ZIP	
17 TITLE	D	17 TITLE	D/V ☑ Change ☐ Addition
18 NAME	HENDERSON, JOSEPH W.	18 NAME	
19 STREET ADDRESS	45 BEAL PARKWAY, NE	19 STREET ADDRESS	
20 CITY ST ZIP	FT WALTON BCH FL	20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is, to my knowledge and belief, 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 above, or on an attachment with an X in Block 13.

SIGNATURE: J. Steve Jay, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/95 (904) 837-0888
Date Daytime Phone Number

0387683 CP