FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation 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

3. Date Incorporated or Qualified: **01/01/1990**

3a. Date of Last Report: **05/23/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 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 s. 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 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 if either item is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JAY, J. STEVE		1.2 NAME	
STREET ADDRESS	1234 AIRPORT RD. #130		1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MESSICK, JIMMY D.		2.2 NAME	
STREET ADDRESS	1101 N PALAFOX ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINS, MARJORIE L.		3.2 NAME	
STREET ADDRESS	45 BEAL PARKWAY, NE		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BARKER, GENE G.		4.2 NAME	
STREET ADDRESS	45 BEAL PARKWAY, NE		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL		4.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, JOSEPH W.		5.2 NAME	600001840616
STREET ADDRESS	45 BEAL PARKWAY, NE		5.3 STREET ADDRESS	-05/28/96--01030--003
CITY-ST-ZIP	FT WALTON BCH FL		5.4 CITY-ST-ZIP	***400.00
TITLE		☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

5/1/96 cm

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Gene R Barker Treasurer 4/24/96 (904)244-5121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gene R Barker

CR2E034 (12/95)