

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002934 (6)

1. Corporation Name

CLEMONS-MCLEMORE-BISHOP AMVETS POST 549, INC.



Principal Place of Business

Mailing Address

925 EAST 23RD PLACE
PANAMA CITY FL 32405

925 EAST 23RD PLACE
PANAMA CITY FL 32405

3. Date Incorporated or Qualified
06/20/1995

3a. Date of Last Report
06/30/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2844926

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D MCLAWHORN, BRUCE**
STREET ADDRESS **331 FLOYD DR.**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE DELETE

NAME **D CRADER, JULES**
STREET ADDRESS **199 HITCHCOCK ROAD**
CITY-ST-ZIP **PANAMA CITY FL 32409**

TITLE DELETE

NAME **D HICKS, JERRY L**
STREET ADDRESS **2512 N. BONITA AVE.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE DELETE

NAME **P BISHOP, JAMES W**
STREET ADDRESS **1015 E. 23 PL.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE DELETE

NAME **V BURWELL, LOWELL**
STREET ADDRESS **7923 JOHNNY LANE**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE DELETE

NAME **V EPLING, JAMES V**
STREET ADDRESS **3906 BECORA CT.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *James W Bishop* **JAMES W BISHOP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Nov 26 1996 904-784-3637
Date Daytime Phone #

CR2E037 (12/95)