

FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002934 (6)
1. Corporation Name
CLEMONS-MCLEMORE-BISHOP AMVETS POST 549, INC.



Principal Place of Business 925 EAST 23RD PLACE PANAMA CITY FL 32405	Mailing Address 925 EAST 23RD PLACE PANAMA CITY FL 32405
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3. Date Incorporated or Qualified 06/20/1995	
4. FEI Number 59-2844926	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCLAWHORN, BRUCE
STREET ADDRESS	331 FLOYD DR.
CITY-ST-ZIP	LYNN HAVEN FL 32444
TITLE	D <input type="checkbox"/> DELETE
NAME	CRADER, JULES
STREET ADDRESS	199 HITCHCOCK ROAD
CITY-ST-ZIP	PANAMA CITY FL 32409
TITLE	D <input type="checkbox"/> DELETE
NAME	HICKS, JERRY L
STREET ADDRESS	2512 N. BONITA AVE.
CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	P <input type="checkbox"/> DELETE
NAME	BISHOP, JAMES W
STREET ADDRESS	1015 E. 23 PL.
CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	V <input type="checkbox"/> DELETE
NAME	MASEE, JOINER
STREET ADDRESS	3011 LAWTON CT
CITY-ST-ZIP	PANAMA CITY FL
TITLE	V <input type="checkbox"/> DELETE
NAME	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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. BILL LAWLEY
1.3 STREET ADDRESS	8426 LYDIA LANE
1.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARSEE, JOHNNIE
5.3 STREET ADDRESS	3011 LAWTON COURT
5.4 CITY-ST-ZIP	PANAMA CITY, FL 32408
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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** **14 JANUARY 1998**

CR2E037 (1097)