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 # **191557** **(8)**

1. Corporation Name

MALONE-CHAPMAN, INC.

Principal Place of Business	Mailing Address
7200 N. 9TH AVE. PENSACOLA FL 32524-7696	P.O. BOX 220 DOTHAN AL 36302

3. Date Incorporated or Qualified: **03/10/1956**
3a. Date of Last Report: **06/12/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-6076336** ☐ 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

BRYARS, LETHIA S
7200 N. 9TH AVE.
PENSACOLA FL 32524

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: Lethia S. Bryars DATE: 1-24-96
(Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN JR.C H		1.2 NAME	
STREET ADDRESS	2409 W. MAIN ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MALONE JR,W D		2.2 NAME	
STREET ADDRESS	4420 FREDERICKSBURG DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN III,C H		3.2 NAME	
STREET ADDRESS	4 CHAPEL HILL		3.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, DAVIS		4.2 NAME	
STREET ADDRESS	2409 W MAIN ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, M.F.		5.2 NAME	
STREET ADDRESS	2409 W. MAIN ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL		5.4 CITY-ST-ZIP	
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	

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

SIGNATURE: Chah H Chy 1-24-96 334-792-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)