

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
7200 N. 9TH AVE.
PENSACOLA FL 32524-7696

Mailing Address
P.O. BOX 220
DOTHAN AL 36302-0220



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 25

29 30

3. Date Incorporated or Qualified
03/10/1956

3a. Date of Last Report
01/31/1996

4. FEI Number

Applied For

59-6076336

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CHAPMAN JR, C H
STREET ADDRESS 2409 W. MAIN ST.
CITY- ST- ZIP DOTHAN AL

☐ DELETE

TITLE VD
NAME MALONE JR, W D
STREET ADDRESS 4420 FREDERICKSBURG DR.
CITY- ST- ZIP BIRMINGHAM AL

☐ DELETE

TITLE VD
NAME CHAPMAN III, C H
STREET ADDRESS 4 CHAPEL HILL
CITY- ST- ZIP DOTHAN AL

☐ DELETE

TITLE VD
NAME CHAPMAN, DAVIS
STREET ADDRESS 2409 W MAIN ST
CITY- ST- ZIP DOTHAN AL

☐ DELETE

TITLE D
NAME CHAPMAN, M.F.
STREET ADDRESS 2409 W. MAIN ST.
CITY- ST- ZIP DOTHAN AL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chap H Chapman

Date

Daytime Phone #

1-7-97

334-792-5111

CR2E034 (9/96)