

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 194479 (2)

1. Corporation Name  
**BROWN, MCCOY & CALLAWAY, INC.**



Principal Place of Business: 747 HARRISON AVE. P.O. BOX 1358 PANAMA CITY FL 32401  
Mailing Address: 747 HARRISON AVE. P.O. BOX 1358 PANAMA CITY FL 32401

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Sute, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified <b>07/11/1956</b>	3a. Date of Last Report <b>07/10/1995</b>
4. FEI Number <b>59-0781877</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCCOY, JOE H  
747 HARRISON AVE  
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent  
81 Name **H. LEE TINCH**  
82 Street Address (P.O. Box Number is Not Acceptable) **747 HARRISON AVE**  
83  
84 City **PANAMA CITY** FL 85 Zip Code **32401**

11. Pursuant to the provisions of Sections 607.0506 and 607.508, 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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **6/6/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWNE, A L (ESTATE OF)</b>	1.2 NAME	
STREET ADDRESS	<b>747 HARRISON AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOY, JOE H</b>	2.2 NAME	
STREET ADDRESS	<b>747 HARRISON AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICK, NORMA LOIS</b>	3.2 NAME	
STREET ADDRESS	<b>4720 BAYWOOD DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LYNN HAVEN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALLAWAY, HOLLEY M</b>	4.2 NAME	
STREET ADDRESS	<b>747 HARRISON AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VST</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TINCH, H. LEE</b>	5.2 NAME	
STREET ADDRESS	<b>718 BRANDIES AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**H LEE TINCH VST**

6/6/96 (909) 263-3994  
DATE: 6/12/1996

CR2E034 (12/95)