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Apr 14 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 # **194479** **(2)**

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

Principal Place of Business	Mailing Address
747 HARRISON AVE. P.O. BOX 1358 PANAMA CITY FL 32401	747 HARRISON AVE. P.O. BOX 1358 PANAMA CITY FL 32401-2523

3. Date Incorporated or Qualified: 07/11/1956
3a. Date of Last Report: 07/03/1996

2. Principal Place of Business
21: 747 Harrison Avenue
Suite, Apt. #, etc. 22:
City & State 23: Panama City, FL
Zip 24: 32401 Country 25:

2a. Mailing Address
26: 747 Harrison Avenue
Suite, Apt. #, etc. 27:
City & State 28: Panama City, FL
Zip 29: 32401 Country 30:

4. FEI Number: 59-0781877 ☐ 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

TINCH, H.LEE
747 HARRISON AVE
PANAMA CITY FL 32401

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWNE, A L (ESTATE OF)		1.2 NAME		
STREET ADDRESS	747 HARRISON AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MCCOY, JOE H		2.2 NAME	MCCOY, JOE H (ESTATE OF)	
STREET ADDRESS	747 HARRISON AVE		2.3 STREET ADDRESS	747 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY, FL 00000		2.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DICK, NORMA LOIS		3.2 NAME		
STREET ADDRESS	4720 BAYWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CALLAWAY, HOLLEY M		4.2 NAME		
STREET ADDRESS	747 HARRISON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 00000		4.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	5.1 TITLE	PDST	☒ Change ☐ Addition
NAME	TINCH, H. LEE		5.2 NAME	TINCH, H. LEE	
STREET ADDRESS	718 BRANDIES AVE.		5.3 STREET ADDRESS	718 BRANDIES AVE	
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
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		

CR2E034 (9/96)

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] H. Lee Tinch 4/10/97 904/769-2624