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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(2)

BROWN, MCCOY & CALLAWAY, INC.

**FILED** Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
		747 HARRISON AVE. PANAMA CITY FL 32401 US	ANAMA CITY FL 32401		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
					07/11/1956
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
26					59-0781877   Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired S8.75 Additional Fee Required
City & State City & State			•		Election Campaign Financing \$5.00 May Be
23 28		28			Trust Fund Contribution Added to Fees
Zip	<u> </u>		Coun	lry	8. This corporation owes or has paid the current year Intangible
24	25 29 30		30		Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name					
TINCH, H.LEE			Ľ	110.110	
747 HARRISON AVE PANAMA CITY FL 32401			٤	Street.	Address (P.O. Box Number is Not Acceptable)
	MUNICITY COLITY		8	3	
			E	4 City	B5 Zip Code
					FL   T
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	· · · · · · · · · · · · · · · · · · ·	13.	удент віднатоге	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 1(1)		S 7 □ Change 🔀 Addition
NAME	BROWNE, A L (ESTATE OF)		1.2 NAM	E	ISAPAH M. TINCH
STREET ADDRESS	ALAN TIANDAGAA ALAN		1.3 STR	E1 ADDRESS	MIB BRANDEIS AVE
CITY-ST-ZIP	PANAMA CITY, FL 00000		1.4 CITY	- ST- ZIP	DANAMA GITY, FL 32405
TILE	·-		2.1 TITU		Change Addition
NAME			2.2 NAM	E	TINCH, H. LEE, SR 718 BRANDELS AUS
STREET ADDRESS	747 HARRISON AVE		2.3 STR	ET ADDRESS	7/8 BRANDEIS HUS
CITY-ST-ZIP				r-ST-ZIP	PANAMIA CITY, FL 32/05
TITLE	ND HODHA LOIG	DELETE	3.1 TITU		Change Addition
NAME	DICK, NORMA LOIS  PRESS 4720 BAYWOOD DR		3.2 NAM		
STREET ADDRESS	A MAIN A A A A PER CA			ET ADDRESS	
CITY-ST-ZIP TITLE	D D	<b>™</b> DELETE	4,1 TITU	'-ST-ZIP	Change Addition
NAME	CALLAWAY, HOLLEY M	F-7	4, 2 NAN		
STREET ADDRESS	747 HARRISON AVE			ET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 00000		4.4 CITY		
TITLE	PDS	☐ DELETE	5.1 TITL		Change Addition
NAME	TINCH, H. LEE		5.2 NAM	E	
STREET ADDRESS	718 BRANDIES AVE.		5.3 STRE	ET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	<u>-</u>	5.4 CITY	-ST-ZIP	
TITLE		☐ DELET <b>E</b>	6.1 TITL		☐ Change ☐ Addition
NAME			6.2 NAM	E	
STREET ADDRESS			6.3 STRE	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 of the receiver or trustice 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 or an attrictment with an address.