FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **363169** **(4)**

1. Corporation Name
THE MESSENGER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1350 PANAMA CITY FL 32402	P.O. BOX 1350 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/24/1970**
3a. Date of Last Report: **08/02/1994**

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: **59-1290628** ☐ 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

LEWIS, CLAY
509 HARRISON AVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name: CALHOUN, MITCHELL
82 Street Address (P.O. Box Number is Not Acceptable): 3100 WOOD VALLEY ROAD
83
84 City: PANAMA CITY **FL** 85 Zip Code: 32405

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: Mitchell Calhoun — MITCHELL CALHOUN, PRESIDENT — 04/28/95
(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	PD	11 TITLE		☒ Change ☐ Addition
NAME	TATE, LAWRENCE R.	12 NAME	DELETE	
STREET ADDRESS	509 HARRISON AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 00000	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE	D	☒ Change ☐ Addition
NAME	LEWIS, CLAY	22 NAME	LEWIS, E. CLAY, III	
STREET ADDRESS	509 HARRISON AVE.	23 STREET ADDRESS	202 N. COVE BLVD.	
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	31 TITLE	DP	☒ Change ☐ Addition
NAME	CALHOUN, MITCHELL	32 NAME		
STREET ADDRESS	137 E. BALDWIN RD.	33 STREET ADDRESS	3100 WOOD VALLEY ROAD	
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		41 TITLE	DST	☐ Change ☒ Addition
NAME		42 NAME	HINDSMAN, J.G., III	
STREET ADDRESS		43 STREET ADDRESS	344 MASALINA DRIVE	
CITY-ST-ZIP		44 CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Mitchell Calhoun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000007 CP