

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 APR 27 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 609477 (5)

1. Corporation Name

MERRIAM - CALLAHAN INSURANCE AGENCY, INC.

Principal Place of Business

202 N MARTIN ST
P O BOX 425
BONIFAY FL 32425

Mailing Address

202 N MARTIN ST
P O BOX 425
BONIFAY FL 32425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1979

3a. Date of Last Report

06/15/1994

4. FEI Number

59-1907591

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

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

City

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City

29

Country

9. Name and Address of Current Registered Agent

LAKE, ROY A.
112 W. VIRGINIA AVE.
BONIFAY FL 32425

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEATON, DONALD L
STREET ADDRESS	208 N HARRIS AVE
CITY, ST, ZIP	PANAMA CITY, FL 00000
TITLE	VP
NAME	CALLAHAN, MEDEA
STREET ADDRESS	202 N. MARTIN ST.
CITY, ST, ZIP	BONIFAY FL
TITLE	PD
NAME	CALLAHAN, RICKEY
STREET ADDRESS	202 N. MARTIN ST.
CITY, ST, ZIP	BONIFAY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 (17)(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemented annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this document, or in my statement with an address.

SIGNATURE:

Rickey D. Callahan
RICKY D. CALLAHAN
Typed and typed on printed name of signing officer or director

4/25/95
Date

Chapter (Section) #