

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 609477 (5)  
1. Corporation Name  
MERRIAM - CALLAHAN INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

202 N MARTIN ST  
P O BOX 425  
BONIFAY FL 32425

202 N MARTIN ST  
P O BOX 425  
BONIFAY FL 32425

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 202 N. ETHERIDGE ST.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~BONIFAY, FL~~ *RD*

27

City & State

City & State

23 ~~BONIFAY, FL~~ *BONIFAY, FL*

28

Zip

Country

Zip

Country

24 32425

25

USA

29

30

3. Date Incorporated or Qualified

01/23/1979

4. FEI Number

Applied For

59-1907591

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

*ROY A. LAKE*

*4/24/98*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS HEATON, DONALD L  
CITY-ST-ZIP 208 N HARRIS AVE  
PANAMA CITY, FL 00000

TITLE ☐ DELETE  
NAME VS  
STREET ADDRESS CALLAHAN, MEDEA  
CITY-ST-ZIP 202 N. MARTIN ST.  
BONIFAY FL

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS CALLAHAN, RICKEY  
CITY-ST-ZIP 202 N. MARTIN ST.  
BONIFAY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 *Rickey A. Callahan* *4/24/98* *850-547-3613*

CR2E034 (10/97)