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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 837598 (2)**

1. Corporation Name

**ARMAY DEVELOPMENT CORPORATION**

Principal Place of Business

P O BOX 160306  
MOBILE AL 36616

Mailing Address

P O BOX 160306  
MOBILE AL 36616



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DICKSON, MAX L.  
7200 N. 9TH AVENUE  
SUITE 6  
PENSACOLA FL 32504**

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 not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SAINT, JOHN D  
STREET ADDRESS 851 BELTLINE HWY.  
CITY-STATE-ZIP MOBILE AL ☐ DELETE

TITLE S  
NAME WESCH, PAUL C  
STREET ADDRESS 851 BELTLINE HWY S.  
CITY-STATE-ZIP MOBILE AL ☐ DELETE

TITLE T  
NAME ISHEE, WILLIAM H  
STREET ADDRESS 851 BELTLINE HWY.  
CITY-STATE-ZIP MOBILE AL ☐ DELETE

TITLE VD  
NAME STEFAN, CHESTER J  
STREET ADDRESS 851 BELTLINE HWY.  
CITY-STATE-ZIP MOBILE AL ☐ DELETE

TITLE VD  
NAME KELLY, DONALD P JR  
STREET ADDRESS 851 BELTLINE HWY S  
CITY-STATE-ZIP MOBILE AL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

(334) 476-1200

CR2E034 (12/95)