

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90132 043 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 837598**

1. Corporation Name

**ARMAY DEVELOPMENT CORPORATION**

Principal Place of Business  
**COLONIAL BANK CENTRE  
41 NORTH BELTLINE HIGHWAY  
MOBILE AL 36608-1201  
US**

Mailing Address  
**P O BOX 160306  
MOBILE AL 36616**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/28/1976**

4. FEI Number

**63-0718311**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

~~DICKSON, MAX L.~~  
~~3298 SUMMIT BLVD #18~~  
~~PENSACOLA FL 32503~~

10. Name and Address of New Registered Agent

81 Name **Joseph J. Campus III**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3298 Summit Blvd. #18**

83

84 City **Pensacola**

FL

85 Zip Code  
**32505**

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

*Joseph J. Campus III*

*Joseph J. Campus III*

**2-26-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **SAINT, JOHN D**  
STREET ADDRESS **41 NORTH BELTLINE HIGHWAY**  
CITY-ST-ZIP **MOBILE AL 36608**

TITLE **S** ☐ DELETE  
NAME **WESCH, PAUL C**  
STREET ADDRESS **41 NORTH BELTLINE HIGHWAY**  
CITY-ST-ZIP **MOBILE AL 36608**

TITLE **T** ☐ DELETE  
NAME **ISHEE, WILLIAM H**  
STREET ADDRESS **41 NORTH BELTLINE HIGHWAY**  
CITY-ST-ZIP **MOBILE AL 36608**

TITLE **VD** ☐ DELETE  
NAME **STEFAN, CHESTER J**  
STREET ADDRESS **41 NORTH BELTLINE HIGHWAY**  
CITY-ST-ZIP **MOBILE AL 36608**

TITLE **VD** ☐ DELETE  
NAME **KELLY, DONALD P JR**  
STREET ADDRESS **41 NORTH BELTLINE HIGHWAY**  
CITY-ST-ZIP **MOBILE AL 36608**

TITLE ☐ DELETE  
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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-24-99**

Date

**(334) 360-2929**

Daytime Phone #

CR2E034 (11/98)