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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:08

DOCUMENT # G64356 (0)

1. Corporation Name
HARRISON, SALE, MCCLOY & THOMPSON, CHARTERD

Principal Place of Business	Mailing Address
C/O DOUGLAS J. SALE 304 MAGNOLIA AVENUE PANAMA CITY FL 32401	C/O DOUGLAS J. SALE 304 MAGNOLIA AVENUE PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1983
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2341735 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SALE, DOUGLAS J.
304 MAGNOLIA AVE.
PANAMA CITY FL 32401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	SALE, DOUGLAS	1.2 NAME		
STREET ADDRESS	333 BUNKERS COVE RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, FRANKLIN R.	2.2 NAME		
STREET ADDRESS	14127 LA PORTE DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, ALAN	3.2 NAME		
STREET ADDRESS	1109 FLORIDA AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MCCLOY, ROSS	4.2 NAME	McCloy, Ross	
STREET ADDRESS	1915 DEWITT STR	4.3 STREET ADDRESS	1118 W. Beach Drive	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	Panama City, FL	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FISHEL, JOHN L II	5.2 NAME		
STREET ADDRESS	703 E BEACH DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HARRISON, WILLIAM G JR	6.2 NAME	Harrison, William G., Jr.	
STREET ADDRESS	14236 LAPORTE DR	6.3 STREET ADDRESS	213 Bunkers Cove Road	
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-ZIP	Panama City, FL	

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 added on an attachment with an address.

SIGNATURE: [signature] Vice President 1/20/95 (904)769-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Area Code & Daytime Phone Number

0038617 CP