FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **10/11/1983**
3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business (21) — Street Address, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Street Address, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: **59-2341735** ☐ 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 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCLOY, ROSS		4.2 NAME	
STREET ADDRESS	1118 W BEACH DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	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	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, WILLIAM G JR		6.2 NAME	
STREET ADDRESS	213 BUNKERS COVE ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		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 119.07(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 by attachment with an address.

SIGNATURE: VP **Douglas J. Sale** 2/21/96 (904) 769-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)