

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90029 019 ***150.00

DOCUMENT # G64356

1. Corporation Name

HARRISON, SALE, MCCLOY, THOMPSON & HARRISON, CHARTERED

Principal Place of Business

C/O DOUGLAS J. SALE
304 MAGNOLIA AVENUE
PANAMA CITY FL 32401

Mailing Address

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

4. FEI Number

59-2341735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VD

☐ DELETE

NAME

SALE, DOUGLAS

STREET ADDRESS

333 BUNKERS COVE RD.

CITY-ST-ZIP

PANAMA CITY FL

TITLE

PD

☐ DELETE

NAME

HARRISON, FRANKLIN R.

STREET ADDRESS

14127 LA PORTE DR.

CITY-ST-ZIP

PANAMA CITY FL

TITLE

STD

☐ DELETE

NAME

THOMPSON, ALAN

STREET ADDRESS

1109 FLORIDA AVE.

CITY-ST-ZIP

LYNN HAVEN FL

TITLE

D

☐ DELETE

NAME

MCCLOY, ROSS

STREET ADDRESS

1118 W BEACH DR

CITY-ST-ZIP

PANAMA CITY FL

TITLE

D

☐ DELETE

NAME

HARRISON, WILLIAM G JR

STREET ADDRESS

213 BUNKERS COVE ROAD

CITY-ST-ZIP

PANAMA CITY FL

TITLE

D

☐ DELETE

NAME

MCCLOY, ROSS

STREET ADDRESS

1118 W BEACH DR

CITY-ST-ZIP

PANAMA CITY FL

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/1/99

(850) 769-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0057875