

3/25/08

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90010 007 ***150.00

DOCUMENT # G64356

1. Entity Name
**HARRISON, SALE, MCCLOY, THOMPSON, DUNCAN &
JACKSON 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**



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2341735

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VICE PRESIDENT & DIRECTOR
NAME	SALE, DOUGLAS
STREET ADDRESS	333 BUNKERS COVE RD.
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	PD
NAME	HARRISON, FRANKLIN R.
STREET ADDRESS	2877 TUPELO DR
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	SD
NAME	DUNCAN, MICHAEL B
STREET ADDRESS	3404 N HARBOUR CIRCLE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VD
NAME	MCCLOY, ROSS
STREET ADDRESS	1118 W BEACH DR
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	TREASURER & DIRECTOR
NAME	JACKSON, ROBERT C
STREET ADDRESS	4009 MARY LOUISE DR.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/08 850-7693434