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FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N95000002934 (6)**

1. Corporation Name

CLEMONS-MCLEMORE-BISHOP AMVETS POST 549, INC.



Principal Place of Business

Mailing Address

**925 EAST 23RD PLACE
PANAMA CITY FL 32405**

**925 EAST 23RD PLACE
PANAMA CITY FL 32405**

3. Date Incorporated or Qualified

06/20/1995

4. FEI Number

59-2844926

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407**

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 617.0502 and 617.1508, 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 617.0503, 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 **D** ☒ DELETE

NAME **MCLAWHORN, BRUCE**
STREET ADDRESS **331 FLOYD DR.**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D. BILL LANGLEY ☒ Change ☐ Addition

**8426 LYDIA LANE
PANAMA CITY BEACH, FL 32408**

TITLE **D** ☐ DELETE

NAME **CRADER, JULES**
STREET ADDRESS **199 HITCHCOCK ROAD**
CITY-ST-ZIP **PANAMA CITY FL 32409**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **HICKS, JERRY L**
STREET ADDRESS **2512 N. BONITA AVE.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P** ☐ DELETE

NAME **BISHOP, JAMES W**
STREET ADDRESS **1015 E. 23 PL.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V** ☐ DELETE

NAME **MASEE, JOINER**
STREET ADDRESS **3011 LAWTON CT**
CITY-ST-ZIP **PANAMA CITY FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

V MARSEE, JOHANNIE ☒ Change ☐ Addition

**3011 LAWTON COURT
PANAMA CITY, FL 32408**

TITLE **V** ☐ DELETE

NAME **EPLING, JAMES V**
STREET ADDRESS **3906 BECORA CT.**
CITY-ST-ZIP **PANAMA CITY FL 32405**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *James W Bishop* **JAMES W BISHOP**

14 JANUARY 1998

CR2E037 (1097)