

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002934

1. Entity Name

CLEMONS-MCLEMORE-BISHOP AMVETS POST 549, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90144 012 ****80.00

A0006589



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
925 EAST 23RD PLACE PANAMA CITY FL 32405	925 EAST 23RD PLACE PANAMA CITY FL 32405-5201

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-2844926	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HESS, BRIAN D 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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.

SIGNATURE _____ DATE _____

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, BILL	NAME	
STREET ADDRESS	8426 LYDIA LANE	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32408	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRADER, JULES	NAME	
STREET ADDRESS	199 HITCHCOCK ROAD	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32409	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, JERRY L	NAME	
STREET ADDRESS	2512 N. BONITA AVE.	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, JAMES W	NAME	
STREET ADDRESS	1015 E. 23 PL.	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSEE, JOHNNIE	NAME	
STREET ADDRESS	3011 LAWTON CT	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32445	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPLING, JAMES V	NAME	
STREET ADDRESS	3906 BECORA CT.	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	CITY-ST-ZIP	

12. 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 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 617, 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: James W Bishop **REQUIRE** BISHOP, JAMES W 18 Jan 2000 850-784-3637

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

CR2E037 (9/99)