

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 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90131 013 \*\*\*150.00

DOCUMENT # P12326

1. Corporation Name

JAMISON, MONEY, FARMER & COMPANY, P.C., C.P.A.'S



Principal Place of Business

Mailing Address

P.O. BOX 2347  
TUSCALOOSA AL 35403

P.O. BOX 2347  
TUSCALOOSA AL 35403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1986

4. FEI Number

63-0933119

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 owes the current year Intangible  
Personal Property Tax ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

TITLE PD ☐ DELETE

NAME BURTON, D.S. JR.  
STREET ADDRESS 2619 UNIVERSITY BLVD  
CITY-ST-ZIP TUSCALOOSA AL

TITLE VD ☐ DELETE

NAME HUMBER, T. JERRY  
STREET ADDRESS 2619 UNIVERSITY BLVD  
CITY-ST-ZIP TUSCALOOSA AL

TITLE D ☐ DELETE

NAME JAMISON, CARL T  
STREET ADDRESS 2619 UNIVERSITY BLVD  
CITY-ST-ZIP TUSCALOOSA AL

TITLE STD ☒ DELETE

NAME PHILLIPS, HAROLD E  
STREET ADDRESS 2619 UNIVERSITY BLVD  
CITY-ST-ZIP TUSCALOOSA AL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME Humber, T. Jerry  
13 STREET ADDRESS 2619 University Blvd  
14 CITY-ST-ZIP Tuscaloosa, AL 35401

21 TITLE VD ☒ Change ☐ Addition

22 NAME Jamison, Carl T.  
23 STREET ADDRESS 2619 University Blvd  
24 CITY-ST-ZIP Tuscaloosa, AL 35401

31 TITLE STD ☐ Change ☒ Addition

32 NAME Chandler, Bryan R.  
33 STREET ADDRESS 2619 University Blvd  
34 CITY-ST-ZIP Tuscaloosa, AL 35401

41 TITLE D ☒ Change ☐ Addition

42 NAME Burton, D.S. Jr.  
43 STREET ADDRESS 2619 University Blvd  
44 CITY-ST-ZIP Tuscaloosa, AL 35401

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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:

*T. Jerry Humber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
T. JERRY HUMBER

3/11/99 205-345-8440  
Date Daytime Phone #

CR2E034 (11/98)