FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076317 (4)**

1. Corporation Name

CMH ASSOCIATES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1777 PANAMA CITY FL 32402	P.O. BOX 1777 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-3275729 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HANSEN, JEFFREY M
2507 SCOTT AVENUE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City: FL — 05 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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRE	11 TITLE	PRESIDENT & CEO	☐ Change ☒ Addition
NAME		12 NAME	ROBERT A. MORAVEK	
STREET ADDRESS		13 STREET ADDRESS	P.O. BOX 1777	
CITY ST ZIP		14 CITY ST ZIP	PANAMA CITY, FL 32402	
TITLE		21 TITLE	SENIOR VICE PRESIDENT & TREASURER	☐ Change ☒ Addition
NAME		22 NAME	JEFFREY M. HANSEN	
STREET ADDRESS		23 STREET ADDRESS	2507 SCOTT AVE	
CITY ST ZIP		24 CITY ST ZIP	PANAMA CITY FL 32405	
TITLE		31 TITLE	SENIOR VICE PRESIDENT & SECRETARY	☐ Change ☒ Addition
NAME		32 NAME	CYNTHIA M. HANSEN	
STREET ADDRESS		33 STREET ADDRESS	2507 SCOTT AVE	
CITY ST ZIP		34 CITY ST ZIP	PANAMA CITY, FL 32405	
TITLE		41 TITLE	SENIOR VICE PRESIDENT	☐ Change ☒ Addition
NAME		42 NAME	ROBERTA M. COPSEY	
STREET ADDRESS		43 STREET ADDRESS	1706 W. 12TH ST.	
CITY ST ZIP		44 CITY ST ZIP	PANAMA CITY, FL 32401	
TITLE		51 TITLE	SENIOR VICE PRESIDENT	☐ Change ☒ Addition
NAME		52 NAME	DOUGLAS A. COPSEY	
STREET ADDRESS		53 STREET ADDRESS	1706 W. 12TH ST.	
CITY ST ZIP		54 CITY ST ZIP	PANAMA CITY, FL 32401	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ JEFFREY M. HANSEN 4-12-95 904-784-0413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030783 CP