

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Aug 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000039859 (0)

1. Corporation Name

FMCH & COMPANY, INC.

Principal Place of Business

620 W 23RD STREET
PANAMA CITY FL 32405

Mailing Address

620 W 23RD STREET
PANAMA CITY FL 32405-3921

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

SLOAN, TIMOTHY J
427 MCKENZIE AVE
PANAMA CITY FL 32401

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3315562

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

10. Name and Address of New Registered Agent

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME METAXAS, JEROME A
STREET ADDRESS 1241 BRANCHWATER LANE
CITY-ST-ZIP BIRMINGHAM AL 35216

☐ DELETE

TITLE D
NAME METAXAS, CAROL
STREET ADDRESS 1241 BRANCHWATER LANE
CITY-ST-ZIP BIRMINGHAM AL 35216

☐ DELETE

TITLE D
NAME HARDMAN, ANN R
STREET ADDRESS 811 S LONGWOOD CIRCLE
CITY-ST-ZIP PANAMA CITY FL 32405

☐ DELETE

TITLE D
NAME COWART, MELINDA M
STREET ADDRESS 173 FAIRWAYS
CITY-ST-ZIP DESTIN FL 32541

☐ DELETE

TITLE D
NAME COWART, MARK
STREET ADDRESS 173 FAIRWAYS
CITY-ST-ZIP DESTIN FL 32541

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 173 Cove Drive
1.4 CITY-ST-ZIP Destin, Florida 32541

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 173 Cove Drive
2.4 CITY-ST-ZIP Destin, Florida 32541

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS ~~P.O. Box 16388~~ 2601 State Ave
4.4 CITY-ST-ZIP ~~Panama City, Florida 32406~~ Panama City FL 32405

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS ~~P.O. Box 16388~~ 2601 State Ave
5.4 CITY-ST-ZIP ~~Panama City, Florida 32406~~ Panama City FL 32405

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Melinda M. Cowart* 7-31-97 904-872-0506

CR2E034 (9/96)