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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000056405 (0)**

1. Corporation Name
CLEMONS AND MCELREATH, INC.

Principal Place of Business	Mailing Address
~~430 NORTH COVE BOULEVARD~~ PANAMA CITY FL 32401	~~430 NORTH COVE BOULEVARD~~ ~~PANAMA CITY FL 32401-9726~~

3. Date Incorporated or Qualified: 07/20/1995	3a. Date of Last Report: 02/15/1996
4. FEI Number: 59-3332202	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 405 Oak Ave.	26 405 Oak Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Panama City FL	City & State 28 Panama City FL
Zip 24 32401 Country 25	Zip 29 32401 Country 30

9. Name and Address of Current Registered Agent

BRYANT, ROWLETT E ESQUIRE
833 HARRISON AVENUE
PANAMA CITY FL 32401

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 of the president or vice president, 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	1.1 TITLE	☐ Change ☐ Addition
NAME	CLEMONS, GIRARD L JR	1.2 NAME	
STREET ADDRESS	~~430 NORTH COVE BLVD~~ 405 Oak Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCELREATH, LIZ	2.2 NAME	
STREET ADDRESS	~~430 NORTH COVE BOULEVARD~~ 405 Oak Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Liz McElreath REQUIRED 3-18-97 (904) 763-4451

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