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FILED  
May 12 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 # P96000052100 (0)

1. Corporation Name

BAMA PROPERTIES, INC.



Principal Place of Business  
1650 CLEAR SPRINGS ROAD  
LAUREL HILL FL 32567

Mailing Address  
1650 CLEAR SPRINGS ROAD  
LAUREL HILL FL 32567-3109

3. Date Incorporated or Qualified  
06/17/1996

3a. Date of Last Report  
N/A

4. FEI Number  
59-3404363

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

DAVIS, MARK D  
694 BALDWIN AVENUE  
DEFUNIAK SPRINGS FL 32433

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 type of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HARRISON, WANDA  
STREET ADDRESS POST OFFICE BOX 126  
CITY-ST-ZIP DUNELLON FL 34897

TITLE D ☐ DELETE  
NAME WATSON, BARBARA  
STREET ADDRESS 1650 CLEAR SPRINGS ROAD  
CITY-ST-ZIP LAUREL HILL FL 32567

TITLE D ☒ DELETE  
NAME TUCKER, MARILYN  
STREET ADDRESS 1608 CYPRESS COURT  
CITY-ST-ZIP RIVERDALE GA 30296

TITLE D ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME HARRISON, WANDA  
1.3 STREET ADDRESS P.O. BOX 1267 - N/A  
1.4 CITY-ST-ZIP PAXTON, FL. 32548

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME HARRISON, FURMAN F.  
4.3 STREET ADDRESS P.O. BOX 1327 - N/A  
4.4 CITY-ST-ZIP PAXTON, FL. 32548

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME LAMAR TUCKER  
5.3 STREET ADDRESS 1608 CYPRESS COURT  
5.4 CITY-ST-ZIP RIVERDALE, GA. 30296

6.1 TITLE ☐ Change ☐ Addition  
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 (24) 834-2413  
Date Daytime Phone

0492054

CR2E034 (9/96)