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FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000000122 (6)

1. Corporation Name

CREEL, BRYAN & GALLAGHER, P.A.



Principal Place of Business

P O BOX 489
DESTIN FL 32540

Mailing Address

P O BOX 489
DESTIN FL 32540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

2. Principal Place of Business

21 45 Beal Parkway

Suite, Apt. #, etc.

22 City & State

23 Fort Walton Beach, FL

24 Zip 32548

Country

25 Okaloosa

2a. Mailing Address

26 P.O. Box 1600

Suite, Apt. #, etc.

27 City & State

28 Fort Walton Beach, FL

29 Zip 32549

Country

30

4. FEI Number

59-3433937

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARKER, GENE G
45 BEAL PARKWAY
FT WALTON BEACH FL 32548

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JAY, J S
STREET ADDRESS 1234 AIRPORT ROAD STE 100
CITY - ST - ZIP DESTIN FL 32541 ☐ DELETE

TITLE D
NAME HENDERSON, JOSEPH W
STREET ADDRESS 45 BEAL PARKWAY N E
CITY - ST - ZIP FT WALTON BEACH FL 32548 ☐ DELETE

TITLE D
NAME CUMMINS, MARJORIE L
STREET ADDRESS 45 BEAL PARKWAY N E
CITY - ST - ZIP FT WALTON BEACH FL 32548 ☐ DELETE

TITLE D
NAME BARKER, GENE G
STREET ADDRESS 45 BEAL PARKWAY N E
CITY - ST - ZIP FT WALTON BEACH FL 32548 ☐ DELETE

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 36474A Emerald Coast Pkwy., #1201
1.4 CITY - ST - ZIP

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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: *Dore A Barker* Gene G. Barker

1/29/98 (850)244-5121

CR2E034 (10/97)