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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jun 05 1997 8:00am

Sandra B. Mortham

ANNUAL REPORT 1997	1997 Secretary of DIVISION OF COR		IONS	Secretary of State		
DOCUMENT # 176676 I. Corporation Name MCCREE, INC.	(5)			1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H BION ONON DIAN BURN DIAN	1111 120
Deleginal Diseased Business	lina Address					
Principal Place of Business Mailing Address						4.4
500 E. PRINCETON ST. 500 E. PRINCETON ST. P.O. 80X 7369						
	ANDO FL 32803-1449	l				
				3. Date Incorporated or Qualified 12/28/1953	3a. Date of Last R 03/19/1996	leport
	Mailing Address			4. FEI Number		oplied For
21 26	Dulle And 4 sto			59-0708313	\	ot Applicable
Suite, Apt. #, etc. 5 22 27	Suite, Apt. #, etc.			5. Certificate of Status Desired	78	Additional equired
	City & State			6. Election Campaign Financing		~- `
23 28	ony or orang			Trust Fund Contribution		May Be to Fees
	Zip	Countr	У	8. This corporation has liability for		
24 25 29		30			☐ Yes ☐ No	
9. Name and Address of Current Registe	red Agent			10. Name and Address of New Re	gistered Agent	
MCCREE, RICHARD T		B1	Name			ĺ
500 EAST PRINCETON ST		82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)	
ORLANDO FL 32803		83				
		"	"			
		84	City		85 Zip	Code •
11. Pirsuant to the provisions of Sections 607 0502 and 607	7 1508 Florida Statu	i		rnoration submits this statement for the	FL	
Pursuant to the provisions of Sections 607.0502 and 607 office or registered agent, or both, in the State of Florida agent. Len feedlier with end second the obtained of the control of the pursuance of the control of the contro	7,1508, Florida Statu Book Change was	tes, the above	ve-named cor by the corpora	rporation submits this statement for the attorney board of directors. I hereby acce	FL	
agent. I am familiar with, and accept the obligations of, S	7,1508, Florida Statu I. Such change was Section 607,0505, F	tes, the above	ve-named cor by the corpora	rporation submits this statement for the lation's board of directors. I hereby acce	FL	
11. Pursuant to the provisions of Sections 607.0502 and 607 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of, SIGNATURE Signature, typed or printed name of registered agent and title if a	Section 607.0505, F	tes, the above authorized b lorida Statute	ve-named cor by the corpora es.	uired when reinstating)	DATE	is registered i registered
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Information indicated on this expression of the port of 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 property of the 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 property of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blood or on an attachment with an address.