PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90106 020 ***158.75

DOCUMENT#	176676
1. Corporation Name	110010

MCCREE, INC.

!			
Principal	Place	of	Busine

Mailing Address

1 INTO PART 1 TO	CC O. DOOKIGES					i e		
P.O. BOX 7369 P.O. BOX 7369		O E. PRINCETON ST. D. BOX 7389 ILANDO FL 32803-1449	•		DO NOT WRITE IN THIS SPACE			
0						Date Incorporated or Qualified 12/28/1953		
2 Principal	Place of Business	2a	. Mailing Address			4. FEI Number		Applied For
2. 7 ()	Table of Buginjuss	26				59-0708313		Not Applicable
Suite, Apt	. #, etc.	27	Suite, Apl. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & Sta	ate.	28	City & State			☐ 6≳Election Cempaign Financing ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		00-May-Bo
Zip	Country	29	Zip C	ountry		This corporation owes the current year Int. Personal Property Tax.	angible Yes	X No
	9. Name and Address of Cu			\top		10. Name and Address of New Registered	Agent	
		<u> </u>		81	Name		-	 -
MCCREE, RICHARD T 500 EAST PRINCETON ST			82	Street Address (P.O. Box Number is Not Acceptable)				
ORI	LANDO FL 32803			83				•
:				84	City	FL	85	Zip Code

office or registered agent, or both, in the State of Florida. Such change was authorized by 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 little if applicable. [NOTE: Registered Agent algorithm required when reinstating) DATE OF							
12.	OFFICERS AND DIRECTORS	<u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12		
TITLE	PCD	DELETE	1.1 TITLE	Change	RS IN 12		
NAME	MCCREE, RICHARD T		12 NAME				
STREET ADDRESS	500 E. PRINCETON ST.		1.3 STREET ADDRESS		T addition		
CTY-ST-ZIP.	ORLANDO,FL 0		1.4 CITY-ST-ZIP				
TITLE	VID	DELETE	2.1 TITLE	Change	Addition C		
NAME .	AUSLEY, PAUL C. JR.		2.2 NAME				
STREET ADDRESS	500 E. PRINCETON STREET		2.3 STREET ADDRESS		{		
CTTY-ST-ZIP ¹	ORLANDO FL		2.4 CITY-ST-ZIP		- (ou		
TITLE	VSD .	DELETE .	3.1 TITLE	☐ Change	Addition		
NAME	ROBERTSON, JOE O.	احدید سدید	3.2 NAME	******	~~		
STREET ADDRESS	500 E. PRINCETON ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-51-ZIP				
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition		
NAME :	GRIFFIN, THOMAS F.	:	4. 2 NAME		1		
STREET ADDRESS	500 E. PRINCETON STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP!	ORLANDO FL		4.4 CITY-ST-ZIP				
TITLE	VD	DELETE	5.1 TITLE	☐ Change	Addition		
NAME .	MCCREE, RICHARD J		5.2 NAME				
STREET ADDRESS	500 EAST PRINCETON STREET	1	5.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		5.4 CTY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	☐ Change	Addition		
NAME		i	6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS		:		
CITY-ST-ZIP)	1/1		6.4 CITY-ST-ZIP	A Control of the Inches of the	formation		

 I hereby certify that the information s indicated on this annual report or suy officer or director of the corporation Block 12 or Block 13 if changed, or es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informall is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered.

(407)898-482

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