

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 219963 (6)

1. Corporation Name
GEORGE A. MCBRIDE, INCORPORATED



Principal Place of Business: **6210 44TH ST. N. PINELLAS PARK FL 34665**
Mailing Address: **6210 44TH ST. N. PINELLAS PARK FL 34665**

3. Date Incorporated or Qualified: **02/05/1959**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-0866118**
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: **21** State: Apt. #, etc. **22** City & State **23** Zip Country **24**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip Country **29**

9. Name and Address of Current Registered Agent

**MCBRIDE, GERALD T
1035 39TH AVENUE, NORTH
ST. PETERSBURG FL 33703**

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: _____ DATE: _____
Signature (printed name) of registered agent (if applicable) (Printed Registered Agent signature required when registering)

OFFICERS AND DIRECTORS

12.
1.1 TITLE: **PSD** DELETE
1.2 NAME: **MCBRIDE, GERALD T**
1.3 STREET ADDRESS: **1035 39TH AVENUE, NORTH ST. PETERSBURG FL**
1.4 CITY-ST-ZIP: **D**
2.1 TITLE: **MCBRIDE, JOAN** DELETE
2.2 NAME: **1035 39TH AVENUE, NORTH ST. PETERSBURG FL**
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP: **V**
3.1 TITLE: **MCBRIDE, MITCHELL T.** DELETE
3.2 NAME: **11714 110TH TERR., N. LARGO FL**
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP: **V**
4.1 TITLE: **MCBRIDE, MARK T.** DELETE
4.2 NAME: **13810 OAK FOREST BLVD, N SEMINOLE FL**
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: DELETE
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: DELETE
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
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: **14533 KANDI COURT N**
3.3 STREET ADDRESS: **LARGO, FL 34644**
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gerald T. McBride*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GERALD T. MCBRIDE

1-25-96 813-527-6677
Date Daytime Phone #

CR2E034 (12/95)