

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **380834** (2)

1. Corporation Name  
**MADIGAN -MCCUNE & ASSOCIATES, INC.**



Principal Place of Business: 906 E. MICHIGAN AVENUE, P. O. BOX 8622, ORLANDO FL 32806-4770  
Mailing Address: 906 E. MICHIGAN AVENUE, P. O. BOX 8622, ORLANDO FL 32806-4770

3. Date Incorporated or Qualified: 04/20/1971  
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1321846  
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

9. Name and Address of Current Registered Agent: MADIGAN JR., CHAMP J., 906 E MICHIGAN AVE., ORLANDO FL 32806  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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] (NOTE: Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	MCCUNE, THOMAS E 49 WINDWARD ISLAND CLEARWATER FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PD		1.2 NAME	
STREET ADDRESS: 49 WINDWARD ISLAND		1.3 STREET ADDRESS	
CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE: VTS	MADIGAN JR., CHAMP J. 906 E. MICHIGAN AVENUE ORLANDO FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VTS		2.2 NAME	
STREET ADDRESS: 906 E. MICHIGAN AVENUE	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY-ST-ZIP: ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE:		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		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 applicable, or in an attachment with an address.

SIGNATURE: [Signature] CHAMP J. MADIGAN JR. 4/26/96 407649-8906  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)