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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32806-4703



| | | | |
|--------------------------------|------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 04/20/1971 | 05/01/1996 |
| 22 City & State | 27 City & State | 4. FEI Number | Applied For |
| 23 Zip | 28 Zip | 59-1321846 | Not Applicable |
| 24 Country | 30 Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | <input type="checkbox"/> | |
| | | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| | | Trust Fund Contribution | <input type="checkbox"/> |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCUNE, THOMAS E | 12 NAME | |
| STREET ADDRESS | 49 WINDWARD ISLAND | 13 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 14 CITY-ST-ZIP | |
| TITLE | PTSD <input type="checkbox"/> DELETE | 21 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MADIGAN JR., CHAMP J. | 22 NAME | |
| STREET ADDRESS | 906 E. MICHIGAN AVENUE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 24 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MADIGAN, ROBERT L. | 32 NAME | |
| STREET ADDRESS | 1424 CAMPBELL ST | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 34 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)