

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 471356 (6)

1. Corporation Name

MCCARTNEY INSURANCE AGENCY, INC.



Principal Place of Business

6739 BIRD ROAD
MIAMI FL 33155

Mailing Address

6739 BIRD ROAD
MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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9. Name and Address of Current Registered Agent

MCCARTNEY, DONALD W
6739 BIRD ROAD
MIAMI FL 33155

3. Date Incorporated or Qualified
03/06/1975

3a. Date of Last Report
01/13/1995

4. FEI Number
59-1572363

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

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 607.0602 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 607.0608, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of Corporation

Signature of New Registered Agent or Secretary of Corporation

Date

12. OFFICERS AND DIRECTORS

1. TITLE PD
NAME MCCARTNEY, DONALD W.
STREET ADDRESS 6739 BIRD RD
CITY, ST, ZIP MIAMI FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I 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. I am an officer or director of the corporation or the receiver or trustee or person ordered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changes in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD W. MCCARTNEY

2/1/96

(305) 666-4444

Date

Telephone #

CR2E034 (12/95)