

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90036 031 \*\*\*158.00

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 593772**

1. Corporation Name  
**MCCRARY & MCCRARY ENTERPRISES INC.**



Principal Place of Business  
 6328 PEMBROKE ROAD  
 MIRAMAR FL 33023-2218

Mailing Address  
 6328 PEMBROKE ROAD  
 MIRAMAR FL 33023-2218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/17/1978**

4. FEI Number  
**59-2013827** 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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 <b>1330 Deen Still Rd</b>	26 <b>1330 Deen Still Rd</b>
City & State	City & State
22 <b>Davenport, Fla</b>	27 <b>Davenport, Fla</b>
23 <b>33837 U.S.A.</b>	28 <b>33837 U.S.A.</b>
Zip Country	Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**MCCRARY, PATRICIA**  
**6328 PEMBROKE ROAD**  
**MIRAMAR FL 33023-2218**

10. Name and Address of New Registered Agent

81 Name **McCrory Patricia**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1330 Deen Still Rd**

83 **Davenport, Fla, 33837**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCRARY, PATRICIA</b>	1.2 NAME	<b>Pat. McCrary Patricia</b>
STREET ADDRESS	<b>6328 PEMBROKE ROAD</b>	1.3 STREET ADDRESS	<b>1330 Deen Still Rd</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33023-2218</b>	1.4 CITY-ST-ZIP	<b>Davenport, Fla, 33837</b>
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCRARY, KENNETH</b>	2.2 NAME	<b>McCrory, Kenneth</b>
STREET ADDRESS	<b>6328 PEMBROKE ROAD</b>	2.3 STREET ADDRESS	<b>1330 Deen Still Rd</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33023-2218</b>	2.4 CITY-ST-ZIP	<b>Davenport, Fla, 33837</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **Patricia McCrary Patricia McCrary** 5/11/99 (407) 424-7675  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)