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**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90047 009 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 601621**

1. Corporation Name

**MCLIN, BURNSSED, MORRISON, JOHNSON, NEWMAN & ROY,  
 PROFESSIONAL ASSOCIATION**



Principal Place of Business

1000 WEST MAIN STREET  
 LEESBURG FL 34748-4925

Mailing Address

1000 WEST MAIN STREET  
 LEESBURG FL 34748-4925

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1969

4. FEI Number

59-1275664

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**MCLIN III, WALTER S  
 1000 W MAIN ST  
 LEESBURG FL 32748**

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

TITLE: VPD  DELETE  
 NAME: JOHNSON, STEPHEN W.  
 STREET ADDRESS: 1000 W MAIN ST.  
 CITY-ST-ZIP: LEESBURG FL

TITLE: SD  DELETE  
 NAME: MORRISON, FRED A  
 STREET ADDRESS: 1000 W MAIN ST  
 CITY-ST-ZIP: LEESBURG, FL 00000

TITLE: P  DELETE  
 NAME: BURNSSED, R DEWEY  
 STREET ADDRESS: 1000 W MAIN ST  
 CITY-ST-ZIP: LEESBURG, FL 00000

TITLE: VP  DELETE  
 NAME: NEWMAN, RICHARD P.  
 STREET ADDRESS: 1000 WEST MAIN STREET  
 CITY-ST-ZIP: LEESBURG FL

TITLE: VPTD  DELETE  
 NAME: ROY, STEVEN M.  
 STREET ADDRESS: 1000 MAIN ST  
 CITY-ST-ZIP: LEESBURG FL

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 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  
 3.3 STREET ADDRESS  
 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)