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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # 672532

1. Corporation Name

THE MCCORMICK COMPANY

Principal Place of Business	Mailing Address
430 First Avenue South Jacksonville Beach Florida 32250	c/o 444 Third Street Neptune Beach FL 32266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1980

2. Principal Place of Business	2a. Mailing Address
21 3574 St. Johns Avenue	26 3574 St. Johns Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Jacksonville FL	28 Jacksonville FL
24 Zip 32205 / 25 Country Duval	29 Zip 32205 / 30 Country Duval

4. FEI Number: 59-2066005 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

Joseph M. Glickstein, Jr.
444 Third Street
Neptune Beach, FL 32266

10. Name and Address of New Registered Agent

81 Name: William G. Hillegass
82 Street Address (P.O. Box Number is Not Acceptable): 427 N. Third Street
83
84 City: Jacksonville Beach FL 85 Zip Code: 32250

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: William G Hillegass — William G. Hillegass — 1-27-98
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD McCormick, Wade T. 430 1st Avenue South Jacksonville Beach FL 32250	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS McCormick, Victoire M. 430 1st Avenue South ~~Jacksonville~~ Beach FL 32250	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

Fee 2/11/98
400002428484
-02/12/98--01016--023
***150.00

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 added to an attachment with an address.

SIGNATURE: Wade T. McCormick — Wade T. McCormick — 2-4-98
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE

CR2E034 (10/97)