PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

				– 1 '		
DOCUI	MENT # P93000	0050093				
I. Corporation	11 1160190					
MCCRIM	ON'S OFFICE SYSTEMS,	INC.				
					1817 (6.18) 6 .1118 66 17 26 11 8 1918 1 .1118]
					HIN ADDIN DIAN BERNI EDANE DEGLE DIA	
Principal Place	e of Business	Mailing Address		,,		
700 000 01		PO BOX B		į		
LIVE OAK FL 32	2060	LIVE OAK FL 32064 US		DO NOT WRITE	IN THIS SPACE	
		•		3. Date incorporated or Qualifed		一 ,
				07/19/1993		
2. Principal P	tace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	
21		26		59-3193270	Not Applic	
Suite, Apt.	· ·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	
22 ⇒,≥,+		27 City & State		A Flection Compaign Figureing	\$5.00 May Be	
City & Stat	8	28		- 6. Election Campaign Financing Trust Fund Contribution	Added to Fees	<u>'</u>
Zip	Country	Zip	Country	8. This corporation owes the current	year Intangible	
24	[25]		30	Personal Property Tax.	XIZIYes □No	
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Regi	stered Agent	
2.70	ALIBORIA I		81 Name	ILLIAM J. CASEY CPA		
DECKER, ANDREW J			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
320 WHITE AVENUE LIVE OAK FL 32060			OG WHITE AVE.			
LIVE	UAR PL 32000	•	[83]	IVE OAK, FL. 32060		
			84 City		FL 85 Zip Code	
44 -	- Ma (a) 4 C (a) (C)	Eng. and En7 1509 Florida Statutes	s the shore comed con	poration authorite this statement for the pur		ed ,
office or r	egistered agent, or both, in the State	te of Florida. Such change was aut	thorized by the corporati	poration submits this statement for the pur ion's board of directors. I hereby accept th	e appointment as registered	٠ ا
agent. I a	im tamiliar lyith; and accept the obli	national of Section but Joseph Figure				
!	ONII, UU anna	1. 101.11	CAA			[.
SIGNATURE	Signature, typed or printed name of registered a	L. Cosus	OP A		DATE	. [
SIGNATURE	Signatura, hyped or printed name of fogistered a	And and title if applicable. MOTE: F	Registered Agent elginature require 13.		DATE ERS AND DIRECTORS IN 1	. [
12.	Signature, typed or printed name of registered a	whit and tipe if applicable. MOTE: F	Registered Agent algorature require 13. 1.1 TITLE	ed when reinstating)	DATE	. []
12. TITLE NAME	Signature. Hyperd or printed name of Agricultural of Pricers P SCOTT, RICHARD E	And and title if applicable. MOTE: F	Registered Agent signature require 13. 1.1 TITLE 12 NAME	ed when reinstating)	DATE ERS AND DIRECTORS IN 1	. []
12. TITLE NAME STREET ADDRESS	Signature, hyped or printed marrie of organization of P SCOTT, RICHARD E P O BOX 51 N/A	And and title if applicable. MOTE: F	Registered Agent signature regider 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS	ed when reinstating)	DATE ERS AND DIRECTORS IN 1	. []
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, RICHARD E P 0 BOX 51 N/A LIVE OAK FL 32060	AND DIRECTORS	Registered Agent signature regider 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	DATE ERS AND DIRECTORS IN 1	R2E034 (1.1/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST	And and title if applicable. MOTE: F	Registered Agent signature registre 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating)	ERS AND DIRECTORS IN 1	R2E034 (1.1/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M	AND DIRECTORS	Registered Agent signature regider 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	ERS AND DIRECTORS IN 1	R2E034 (1.1/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	AND DIRECTORS	Registered Agent signature register 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating)	ERS AND DIRECTORS IN 1	R2E034 (1.1/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M	AND DIRECTORS	Registered Agent signature regider 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	ed when reinstating)	ERS AND DIRECTORS IN 1	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	IND DIRECTORS DELETE	Registered Agend signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	ERS AND DIRECTORS IN 1 Change A	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	IND DIRECTORS DELETE	Registered Agend signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ed when reinstating)	ERS AND DIRECTORS IN 1 Change A	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	AND DIRECTORS DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZP 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZP	ed when reinstating)	ERS AND DIRECTORS IN 1 Change Ac	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	IND DIRECTORS DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZP 31 TITLE 32 NAME 4-09 STREET ADDRESS 34. CITY-ST-ZP 41 TITLE	ed when reinstating)	ERS AND DIRECTORS IN 1 Change A	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	AND DIRECTORS DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZP 31 TITLE 32 NAME 40 STREET ADDRESS 34. CITY-ST-ZP 41 TITLE 4. 2 NAME	ed when reinstating)	ERS AND DIRECTORS IN 1 Change Ac	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	AND DIRECTORS DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZP 31 TITLE 32 NAME 43 STREET ADDRESS 34. CITY-ST-ZP 41 TITLE 4. 2 NAME 4.3 STREET ADDRESS	ed when reinstating)	ERS AND DIRECTORS IN 1 Change Ac	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	AND DIRECTORS DELETE DELETE	13. 11 TITLE 12 MAME 13 STREET ADDRESS 14 CITY-ST-ZP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZP 31 TITLE 32 NAME 43 STREET ADDRESS 44 CITY-ST-ZP 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP	ed when reinstating)	ERS AND DIRECTORS IN 1 Change Ac	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	AND DIRECTORS DELETE	13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZP 31 TITLE 32 NAME 43 STREET ADDRESS 34. CITY-ST-ZP 41 TITLE 4. 2 NAME 4.3 STREET ADDRESS	ed when reinstating)	GATE ERS AND DIRECTORS IN 1 Change Acceptange Accepta	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	AND DIRECTORS DELETE DELETE	13. 11 TITLE 12 MAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 32 NAME 43 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4, 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE	ed when reinstating)	GATE ERS AND DIRECTORS IN 1 Change Acceptange Accepta	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	AND DIRECTORS DELETE DELETE	13. 11 TITLE 12 MAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE 32 NAME 32 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 41 TITLE 4, 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME	ed when reinstating)	Change Ad	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	AND DIRECTORS DELETE DELETE	13. 11 TITLE 12 MAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ed when revisitating) ADDITIONS/CHANGES TO OFFIC	GATE ERS AND DIRECTORS IN 1 Change Acceptange Accepta	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, RICHARD E P O BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P O BOX 861 N/A	AND DIRECTORS DELETE DELETE DELETE	13. 11 TITLE 12 MAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ed when reinstating)	GATE ERS AND DIRECTORS IN 1 Change Acceptange	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of Registered of OFFICERS) P SCOTT, RICHARD E P 0 BOX 51 N/A LIVE OAK FL 32060 ST CLARK, JAMES M P 0 BOX 861 N/A TRENTON FL	AND DIRECTORS DELETE DELETE DELETE	13. 11 TITLE 12 MAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	ed when revisitating) ADDITIONS/CHANGES TO OFFIC	GATE ERS AND DIRECTORS IN 1 Change Acceptange	CR2E034 (11/98)

14. I hereby cartify 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered of execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF BIGHRING OFFICER OR DIRECTOR

2/,19:/99

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90038 041 ***150.00