

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000087823 (8)**

1. Corporation Name  
**MCGONAGILL & COMPANY, P.A.**



Principal Place of Business: **7442 NORTH TAMiami TRAIL SUITE A SARASOTA FL 34243**  
 Mailing Address: **7442 NORTH TAMiami TRAIL SUITE A SARASOTA FL 34243**

3. Date Incorporated or Qualified: **12/02/1994**  
 3a. Date of Last Report: **05/01/1995**  
 4. FEI Number: **65-0539182**  
 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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**MCGONAGILL, MARGARET LYNN  
 7442 NORTH TAMiami TRAIL  
 SUITE A  
 SARASOTA FL 34243**

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

DELETE

TITLE: **D**  
 NAME: **MCGONAGILL, MARGARET LYNN**  
 STREET ADDRESS: **5642 CREEKWOOD DR.**  
 CITY-ST-ZIP: **SARASOTA FL 34233**

DELETE

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

DELETE

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

DELETE

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

DELETE

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

11 TITLE: \_\_\_\_\_  
 12 NAME: \_\_\_\_\_  
 13 STREET ADDRESS: \_\_\_\_\_  
 14 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

21 TITLE: \_\_\_\_\_  
 22 NAME: \_\_\_\_\_  
 23 STREET ADDRESS: \_\_\_\_\_  
 24 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

31 TITLE: \_\_\_\_\_  
 32 NAME: \_\_\_\_\_  
 33 STREET ADDRESS: \_\_\_\_\_  
 34 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

41 TITLE: \_\_\_\_\_  
 42 NAME: \_\_\_\_\_  
 43 STREET ADDRESS: \_\_\_\_\_  
 44 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

51 TITLE: \_\_\_\_\_  
 52 NAME: \_\_\_\_\_  
 53 STREET ADDRESS: \_\_\_\_\_  
 54 CITY-ST-ZIP: \_\_\_\_\_

Change  Addition

61 TITLE: \_\_\_\_\_  
 62 NAME: \_\_\_\_\_  
 63 STREET ADDRESS: \_\_\_\_\_  
 64 CITY-ST-ZIP: \_\_\_\_\_

14. I do 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, 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.

SIGNATURE: *M.L. McGonagill* **M.L. McGonagill** 1/23/96 (94) 351-5847  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)