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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90036 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000105482

1. Corporation Name
MCGUIRE PROPERTY MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 12528 LAKESHORE DR. 12528 LAKESHORE DR.
 CLERMONT FL 34711 CLERMONT FL 34711

3. Date Incorporated or Qualified
12/14/1998

4. FEI Number **59-3554208** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
MCGUIRE, LOIS D
12528 LAKESHORE DR.
CLERMONT FL 34711

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MCGUIRE, LOIS B	1.2 NAME	MCGUIRE, LOIS B.
STREET ADDRESS	12528 LAKESHORE DR.	1.3 STREET ADDRESS	12528 LAKESHORE DR.
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	CLERMONT FL 34711
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	LOWE, JAMES CLINTON
STREET ADDRESS		2.3 STREET ADDRESS	5812 LAKE CATHERINE RD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	GROVELAND FL 34736
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LOWE, GREGORY L.
STREET ADDRESS		3.3 STREET ADDRESS	1216 S. MAIN AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	GROVELAND FL 34736
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	HART, J. CYNTHIA
STREET ADDRESS		4.3 STREET ADDRESS	1748 BOWMAN ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CLERMONT FL 34711
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MCGUIRE, WAYNE P.
STREET ADDRESS		5.3 STREET ADDRESS	950 W. MONTROSE ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLERMONT, FL 34711
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: *Lois B. McGuire* **LOIS B. MCGUIRE, PRES/DIR** 03/19/1999 (352) 242-9534
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1-1/99)