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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Jun 03 1996 8:00 am

Secretary of State

DOCUMENT # 308322 (7)

1. Corporation Name

DONALD W. MCINTOSH ASSOCIATES INC



Principal Place of Business

2200 PARK AVE NORTH  
WINTER PARK FL 32789-2355

Mailing Address

2200 PARK AVE NORTH  
WINTER PARK FL 32789-2355

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCINTOSH, DONALD W., JR.  
2200 PARK AVENUE NORTH  
WINTER PARK FL 32789

3. Date Incorporated or Qualified

08/19/1966

3a. Date of Last Report

06/22/1995

4. FEI Number

59-1151358

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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 607.1506, 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 the corporation

Typed, printed, signed signature and printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

TD  
NAME MCINTOSH, PATRICIA  
STREET ADDRESS 313 N E 92ND ST  
CITY-ST-ZIP MIAMI SHORES FL

TITLE ☐ DELETE

PCD  
NAME MCINTOSH, DONALD W JR  
STREET ADDRESS 1350 VENETIAN WAY  
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE

VD  
NAME TRUE, CHARLES H.  
STREET ADDRESS 613 RIDGEWOOD DR.  
CITY-ST-ZIP WINDERMERE FL

TITLE ☐ DELETE

S  
NAME HATCH, JANET B  
STREET ADDRESS 1578 PINEHURST DRIVE  
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 644-4068

CR2E034 (12/95)