

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601621

**Entity Name:** MCLIN & BURNSED P.A.**Current Principal Place of Business:**1000 WEST MAIN STREET  
LEESBURG, FL 34748-4925**Current Mailing Address:**1000 WEST MAIN STREET  
LEESBURG, FL 34748-4925**FEI Number:** 59-1275664**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRISON, FRED A  
1000 W MAIN ST  
LEESBURG, FL 34748 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JOHNSON, STEPHEN W  
Address 1000 W MAIN ST.  
City-State-Zip: LEESBURG FL 34748

Title SD  
Name MORRISON, FRED A  
Address 1000 W MAIN ST  
City-State-Zip: LEESBURG FL 34748

Title VPD  
Name SKATES, JEFFREY P  
Address 1000 W MAIN ST  
City-State-Zip: LEESBURG FL 34748

Title VPD  
Name NEWMAN, RICHARD P.  
Address 1000 WEST MAIN STREET  
City-State-Zip: LEESBURG FL 34748

Title TD  
Name ROY, STEVEN M  
Address 1000 W MAIN ST  
City-State-Zip: LEESBURG FL 34748

Title VPD  
Name SMITH, PHILLIP S  
Address 1000 MAIN STREET  
City-State-Zip: LEESBURG FL 34748

Title DVP  
Name FUCHS, GARY  
Address 1000 WEST MAIN STREET  
City-State-Zip: LEESBURG FL 34748-4925

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY P. SKATES

VICE PRESIDENT

03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date