

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601621

Entity Name: MCLIN & BURNSED P.A.**Current Principal Place of Business:**26736 U.S. HWY 27
SUITE 202
LEESBURG, FL 34748-4925**Current Mailing Address:**26736 U.S. HWY 27
SUITE 202
LEESBURG, FL 34748-4925 US**FEI Number:** 59-1275664**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRISON, FRED A
26736 U.S. HWY 27
SUITE 202
LEESBURG, FL 34748-4925 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 SMITH, PHILLIP S.
Address 26736 U.S. HWY 27
SUITE 202
City-State-Zip: LEESBURG FL 34748-4925Title TD
Name SKATES, JEFFREY P.
Address 26736 U.S. HWY 27
SUITE 202
City-State-Zip: LEESBURG FL 34748-4925Title SD
Name MORRISON, FRED A.
Address 26736 U.S. HWY 27
SUITE 202
City-State-Zip: LEESBURG FL 34748-4925Title VPD
Name NEWMAN, RICHARD P.
Address 26736 U.S. HWY 27
SUITE 202
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: PHILLIP S. SMITH**PRESIDENT****02/02/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date