

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601621

**FILED**  
**Jan 23, 2020**  
**Secretary of State**  
**622272337CC**

**Entity Name:** MCLIN & BURNS P.A.

**Current Principal Place of Business:**

26736 U.S. HWY 27  
SUITE 202  
LEESBURG, FL 34748-4925

**Current Mailing Address:**

P.O. BOX 491357  
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 34748-4925
Title	TD
Name	SKATES, JEFFREY P.
Address	26736 U.S. HWY 27 SUITE 202
City-State-Zip:	LEESBURG FL 34748-4925

Title	SD
Name	MORRISON, FRED A.
Address	26736 U.S. HWY 27 SUITE 202
City-State-Zip:	LEESBURG FL 34748-4925
Title	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**

**01/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date