

2016 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

04/28/2016

Electronic Signature of Signing Officer/Director Detail_____
Date