

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 196238

1. Corporation Name:

McELVEEN AND McELVEEN, INC.

Principal Place of Business:

1706 SAMONDS RD.
P. O. BOX 1390
PLANT CITY, FL 33567-6321

Mailing Address:

716 RUSSELL DRIVE
P. O. BOX 1390
PLANT CITY, FL 33566-6822

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/01/1956	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-6082097	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

McELVEEN, JACK
716 RUSSELL DR.
PLANT CITY, FL 33566

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 607.0503 and 607.1508, 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 signatory, and date, if applicable) (NOTE: Registered Agent signature required when replacing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	McELVEEN, JACK	1.2 NAME	
STREET ADDRESS	716 RUSSELL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FLORIDA 33566	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	McELVEEN, PAULA DEE	2.2 NAME	
STREET ADDRESS	716 RUSSELL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FLORIDA 33566	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. I changed or corrected an attachment with an address.

SIGNATURE:

Jack McElveen Jack McElveen

4/5/98

813/752-8940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lasting Power of Attorney

CR2E034 (10/97)