

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 197451 (8)

1. Corporation Name

MCDONALD DISTRIBUTORS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

3600 NW 54 STREET  
P.O. BOX 24215  
FT LAUDERDALE FL 33307

3600 NW 54 STREET  
P.O. BOX 24215  
FT LAUDERDALE FL 33307

3. Date Incorporated or Qualified  
11/07/1956

3a. Date of Last Report  
06/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number  
59-0785629

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LONG, DONALD B  
3990 NW 74TH ST  
POMPANO BEACH FL 33073

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 607.0502 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE CVD  
NAME LONG, RICHARD W  
STREET ADDRESS 3821 NW 71 STREET  
CITY-ST-ZIP COCONUT CREEK FL

TITLE VD  
NAME POCKEY, JAMES J  
STREET ADDRESS 2850 PALM AIRE DRIVE N  
CITY-ST-ZIP POMPANO BEACH, FL 0

TITLE V  
NAME HOWE, KEITH B  
STREET ADDRESS 740 SW 99 TERR  
CITY-ST-ZIP PEMBROKE PINES FL

TITLE D  
NAME SAPP, CARL T  
STREET ADDRESS 21802 CONTADO BOCA DELMA  
CITY-ST-ZIP BOCA RATON, FL 00000

TITLE PSD  
NAME POCKEY, BRUCE J.  
STREET ADDRESS 7120 HIALEAH LANE  
CITY-ST-ZIP PARKLAND FL

TITLE CEO  
NAME LONG, DONALD B  
STREET ADDRESS 3990 NW 74TH ST.  
CITY-ST-ZIP POMPANO BCH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP 33073

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP 33069

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP 33025

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP 33433

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP 33067

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP 33073

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard W Long Richard W Long 6/12/96 4079940861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)