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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 219963

(6)

GEORGE A. MCBRIDE, INCORPORATED

| Principal Place of Business 6210 44TH ST. N. PINELLAS PARK FL 34665 | | Mailing Address | | | | |
|---|---|--|---|--|---|---------------------------------------|
| | | 6210 44TH ST. N. Pinellas Park Fl 34665 | | · | | |
| | | | | | 3. Date Incorporated or Qualified 02/05/1959 | 3a. Date of Last Report 04/11/1995 |
| 2. Principal Place of Business | | 2a. Maing Address 26 | | | 4. FEI Number 59-0866118 | Applied For Not Applicable |
| Suite Apt. | . #, etc | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat 23 | te | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| ZØ | Country | Zψ | ļ | intry | 8. This corporation has liability for | |
| 24 | 25 | [29] | 30 | | | No. |
| Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | |
| | | | | 81 Nam | ne ne | |
| MCBRIDE, GERALD T | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 1035 39TH AVENUE, NORTH | | | | | | |
| SI. PE | TERSBURG FL 33703 | | | 83 | | |
| | | | | 84 City | | Fi 85 Zip Code |
| familiaciv, S:GNATURE | 7th, and accept the obligations of, Sect Spottin typed in protein a continuous age; | ion 607.0505, Florida Statute anthertagrésation d | es Note fagislere | · | i's board of directors. I hereby accept the app | CIATE |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OFF | · · · · · · · · · · · · · · · · · · · |
| 1:f, f | | □ DELETE | 1 1 | | | Change Addition |
| MANE | MCBRIDE, GERALD T | | 128 | AME | | |
| \$16661 ADDRESS | 1035 39TH AVENUE, NORTH | | 135 | TREE FADDRES | 38 | |
| €01×+51+20× | ST. PETERSBURG FL | | | HY ST ZIP | | |
| 10°CE | D | ☐ DELETE | 2 1 3 | ITLE | | Change Addition |
| NAME: | MCBRIDE, JOAN | | AME | | | |
| STREET AT DRESS | 1035 39TH AVENUE, NORTH | | | IREE1 ADDRES | 58 | |
| (1 × · \$1 · 7)P | ST. PETERSBURG FL | | | ITY - ST - ZIP | | |
| II'.€ | V ALCODEDE METOLICA I T | ☐ DELETE | 3 11 | ITLE | | Change Addition |
| NAME | MCBRIDE, MITCHELL T. | | 3 2 N | | 1,1,7,2,3, 11,11,11,11,11,11,11,11,11,11,11,11,11 | |
| SPREEL ADORESS | 11714-110TH TERR.; N | | 33 \$ | THEET ADDRES | SS 14533 KANAI COL | FAC F PV |
| C'r St Ze | ·LARGO FL- | | · ···· | ITY - ST - ZIP | LARGO, FL 3464 | *···· |
| Tit | NODDIDE MADICE | DECEMB | 4 1 1 | | | Change Addition |
| NAME | MCBRIDE, MARK T. | • | 42 N | AMŁ | | |
| STREET ADORESS | | | 435 | TREET ADDRES | SS | |
| 1.14-91.25 | SEMINOLE FL | | 440 | ITY ST ZIP | | |
| T.Fif | | DECETÉ | 5 1 1 | I'LF | | Change Addition |

14. Too 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 ruport or supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under ourn, 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 if charged, or on an attachment with an address.

5.2 NAME

6 1 HILE

6.2 NAME

5.3 STREET ADDRESS

54 CHY-S!-ZP

6.4 CITY - S1 - Z.P.

SIGNATURE:

N395

THE

NAM:

Sheed AboRess

(-11-51-2-

GIVATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1-25-96

813-527- 6677

Daytri e Phone #

Change

Addition

CR2E034 (12/