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Mar 26 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 # 226452 (1)

1. Corporation Name
J.C. MCCORMICK INC.

Principal Place of Business
8820 NORTH US 301
PO BOX 219
WILDWOOD FL 34785-0219
US

Mailing Address
8820 NORTH US 301
PO BOX 219
WILDWOOD FL 34785-0219
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1959	
21		26		4. FEI Number 59-0872867	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCCORMICK, DANIEL B. 38036 SPRINGLAKE BLVD. FRUITLAND PARK FL 32731		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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	VSTD
NAME	MCCORMICK DANIEL B	1.2 NAME	
STREET ADDRESS	38036 SPRINGLAKE BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FRUITLAND PARK FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	MCCORMICK, DANIEL C.	2.2 NAME	
STREET ADDRESS	ROLLING HILLS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WILDWOOD FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	
NAME	MCCORMICK, WILLIAM F	3.2 NAME	
STREET ADDRESS	8918 NORTH US 301	3.3 STREET ADDRESS	
CITY - ST - ZIP	WILDWOOD FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 if changed, or on an attachment with an address.

SIGNATURE: *William F. McCormick* W.F. MCCORMICK 3/23/98 352/748/2051

CR2E034 (10/97)