

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90016 036 ***158.75

DOCUMENT # 294200

1. Corporation Name
FRED MCGILVRAY, INC.

Principal Place of Business
8690 N W 58TH ST
MIAMI FL 33166
US

Mailing Address
P.O. BOX 522204
MIAMI FL 33152
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1965

4. FEI Number

59-1097179

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCGILVRAY, MICHAEL O.
8690 N.W. 58TH ST.
6050 S.W. 128TH ST.
MIAMI FL 33156

10. Name and Address of New Registered Agent

81

Name **McGilvray, Michael O.**

82

Street Address (P.O. Box Number is Not Acceptable)
6050 S.W. 128 Street

83

84

City **Miami**

FL

85 Zip Code
33156

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME **MCGILVRAY, TIMOTHY L**
STREET ADDRESS **7460 S.W 127 STREET**
CITY-ST-ZIP **MIAMI FL**

V ☐ DELETE

NAME **GRETHEN, J P JR**
STREET ADDRESS **6285 S W 99 TERR**
CITY-ST-ZIP **MIAMI FL**

S ☒ DELETE

NAME **FUNDERBURK, PATRICIA M**
STREET ADDRESS **4801 HAYES STREET**
CITY-ST-ZIP **HOLLYWOOD FL**

CD ☐ DELETE

NAME **MCGILVRAY, FRED**
STREET ADDRESS **6000 S W 128TH ST**
CITY-ST-ZIP **MIAMI FL 33156**

PD ☐ DELETE

NAME **MCGILVRAY, MICHAEL O.**
STREET ADDRESS **6050 SW 128TH STREET**
CITY-ST-ZIP **MIAMI FL 33156**

V ☐ DELETE

NAME **PATTI, NORMAN E.**
STREET ADDRESS **7431 S.W. 131 AVE.**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE **T/S**
1.2 NAME **McGilvray, Timothy L.**
1.3 STREET ADDRESS **7460 S.W. 127 Street**
1.4 CITY-ST-ZIP **Miami, FL 33156**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Fred McGilvray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred McGilvray, CEO

04/08/99

(305) 592-5910

Date

Daytime Phone #

0222857

CR2E034 (11/98)