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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED 97 MAY - 1 PH 4: 26

DOCUMENT # 336401 1. Corporation Name THE MCNEILL CO., INC. Principal Place of Business Mailing Address 3822 WOODVILLE HWY TALLAHASSEE FL 32314 TALLAHASSEE FL 32314 (5) Mailing Address P.O. DRAWER 5818 TALLAHASSEE FL 32314-5618				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
				3. Date incorporated or Qualified	3a. Date of Last Report	
- Original I	Place of Business	2a. Mailing Address	······································	10/11/1968 4. FEI Number	06/03/1996 Applied F	Fa.
micipari	LINGS OF DROILESS	26		59-1220923	Not Applied P	
Suite Apt	t. #, etc	Suite, Apt. #, etc.	·····	5. Certificate of Status Desired	\$8,75 Addition	nal
City & Sta	até	City & Stale		6. Election Campaign Financing	\$5.00 May B	
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees	\$
2.4,	25	29	30	8. This corporation has fiability for in Florida Statutes	intangible tax under s. 199.0.] Yes : [] No	J32,
	9. Name and Address of Curren		1001	10. Name and Address of New Re		
М	CNEILL, W.B. JR.		81 Name			
. 39	22 WOODVILLE HWY		82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
TA	ILLAHASSEE FL 32314		63			
			84 City		65 Zip Code	
			1 1		FL P COO	
office or agent. L	registered agent, or both, in the State am familiar with, and accept the obligi	of Florida. Such change was	authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its regis pt the appointment as registe	stered ered
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4. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Flurther certify that the information information information information information information or 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; the lambda of the corporation or the receiver or trustee empowed 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:

W.B. M. M. M. M. W. Sheek. / Dim

gy:me rhone #

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