

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 10 1996 8:00 am  
Secretary of State

DOCUMENT # 339507

(6)

1. Corporation Name

THE R & S MCCOY CORPORATION

Principal Place of Business

440 N. E. 5TH AVENUE  
P.O. BOX 419  
DELRAY BCH FL 33447-7419

Mailing Address

440 N. E. 5TH AVENUE  
P.O. BOX 419  
DELRAY BCH FL 33447-7419  
US

2. Principal Place of Business

2a. Mailing Address

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | State, Apt. #, etc. | 26 | State, Apt. #, etc. |
| 22 | City & State        | 27 | City & State        |
| 23 | Zip                 | 28 | City & State        |
| 24 | Country             | 29 | Zip                 |
| 25 | Country             | 30 | Country             |

9. Name and Address of Current Registered Agent

MCCOY, GEORGE R.  
440 NE 5TH AVE  
DELRAY BEACH FL 33444

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 607.1503, 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. The change is effective upon the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Signature of the person who is the registered agent

(Date)

12. OFFICERS AND DIRECTORS

|                |                      |            |
|----------------|----------------------|------------|
| 12.1           | P                    | [ ] Delete |
| NAME           | MCCOY, GEORGE R.     |            |
| STREET ADDRESS | 1920 SW 37 AVE       |            |
| CITY, ST, ZIP  | OCALA FL             |            |
| TITLE          | VST                  | [ ] Delete |
| NAME           | WEEKES, SHARON M.    |            |
| STREET ADDRESS | 4149 ST. ANDREWS DR. |            |
| CITY, ST, ZIP  | BOYNTON BEACH FL     |            |
| TITLE          |                      | [ ] Delete |
| NAME           |                      |            |
| STREET ADDRESS |                      |            |
| CITY, ST, ZIP  |                      |            |
| TITLE          |                      | [ ] Delete |
| NAME           |                      |            |
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| CITY, ST, ZIP  |                      |            |
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| NAME           |                      |            |
| STREET ADDRESS |                      |            |
| CITY, ST, ZIP  |                      |            |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|        |                         |
|--------|-------------------------|
| 13.1   | [ ] Change [ ] Addition |
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-376-3741

CR2E034 (12/95)