

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

FILED
Jun 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 339507 (6)
1. Corporation Name
THE R & S MCCOY CORPORATION



Principal Place of Business Mailing Address
440 N. E. 5TH AVENUE 440 N. E. 5TH AVENUE
P.O. BOX 419 P.O. BOX 419
DELRAY BCH FL 33447-7419 DELRAY BCH FL 33447-7419
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/31/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1289508	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				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	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCCOY, GEORGE R. 440 NE 5TH AVE DELRAY BEACH FL 33444		81 Name The Prentice Hall Corporation System, Inc.	
		82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
		83	
		84 City Tallahassee	
		Zip Code 32301	

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 PATRICIA COSENTINO Patricia Cosentino Asst. Sec 6-19-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D/C
NAME	MCCOY, GEORGE R.	1.2 NAME	Douglas A. Pertz
STREET ADDRESS	1920 SW 37 AVE	1.3 STREET ADDRESS	One Culligan Parkway
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Northbrook, IL 60062
TITLE	VST	2.1 TITLE	D/V
NAME	WEEKES, SHARON M.	2.2 NAME	Michael E. Salvati
STREET ADDRESS	1149 ST. ANDREWS DR.	2.3 STREET ADDRESS	One Culligan Parkway
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	Northbrook, IL 60062
TITLE		3.1 TITLE	D/S
NAME		3.2 NAME	Edward A. Christensen
STREET ADDRESS		3.3 STREET ADDRESS	One Culligan Parkway
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Northbrook, IL 60062
TITLE		4.1 TITLE	P
NAME		4.2 NAME	Mike Crowell
STREET ADDRESS		4.3 STREET ADDRESS	1401 Sligh Boulevard
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32856
TITLE		5.1 TITLE	V
NAME		5.2 NAME	Thomas E. Pavlick
STREET ADDRESS		5.3 STREET ADDRESS	One Culligan Parkway
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Northbrook, IL 60062
TITLE		6.1 TITLE	V/T
NAME		6.2 NAME	Donald A. Fuller
STREET ADDRESS		6.3 STREET ADDRESS	One Culligan Parkway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Northbrook, IL 60062

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 in an attachment with an address.

SIGNATURE Thomas E. Pavlick 6/29/98

CR2E034 (10/97)