SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 PM 1:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **357159** **(3)**

1. Corporation Name
THE MCENANEY COMPANY

Principal Place of Business	Mailing Address
5321 N DIXIE HWY OAKLAND PARK FL 33334	5321 N DIXIE HWY OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/23/1969**
3a. Date of Last Report: **03/04/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1279093** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Certified Copy (Additional Copies) ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MCENANEY,JAMES T
2121 S OCEAN BLVD #402
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

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 of new registered agent) (NAME - Registered Agent or Officer (typed or printed)) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	MCENANEY,JAMES T	12 NAME	
STREET ADDRESS	2121 S OCEAN BLVD #402	13 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MCENANEY,JOHN B.	22 NAME	
STREET ADDRESS	2104 CYPRESS BEND DR	23 STREET ADDRESS	
CITY ST ZIP	POMPANO BCH. FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CATANZARO,ANNA C.	32 NAME	
STREET ADDRESS	2880 NE 28TH ST	33 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCENANEY, JAN B.	42 NAME	
STREET ADDRESS	2121 S OCEAN BLVD #402	43 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James T. McEnaney, President — July 21, 1995 — (305) 785-1794
SIGNATURE AND TYPED OR PRINTED NAME OF BIONNO OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES T. McENANEY,

CR2E034 (3/95)

0070300 CP