FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:12

DOCUMENT # **380571** **(0)**

1. Corporation Name
MCCORMICK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
RT 6 BOX 486 P. O. BOX 5023 DE FUNIAK SPRINGS FL 32433	RT 6 BOX 486 P. O. BOX 5023 DE FUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1971
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business
21: 6000 CO. HWY 278
22: Suite, Apt. #, etc
23: City & State: DeFUNIAK SPRINGS, FL
24: Zip: 32433
25: Country: WALTON

2a. Mailing Address
26: P. O. BOX 1583
27: Suite, Apt. #, etc
28: City & State: De FUNIAK SPRINGS, FL
29: Zip: 32433
30: Country: WALTON

4. FEI Number: 59-1365516 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCORMICK, GERALD
ROUTE 6 BOX 486
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6000 CO. HWY. 278
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 (Typed or printed name of registered agent and title if applicable) (Name of Registered Agent typed or printed after change is effected) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☒ Change ☐ Addition
NAME	MCCORMICK, GERALD	12 NAME	
STREET ADDRESS	ROUTE 6, BOX 486	13 STREET ADDRESS	6000 CO. HWY. 278
CITY ST ZIP	DEFUNIAK SPGS FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, THOMAS	22 NAME	
STREET ADDRESS	RT. 6 BOX 486	23 STREET ADDRESS	6000 CO. HWY. 278
CITY ST ZIP	DEFUNIAK SPGS FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, GERALD	32 NAME	
STREET ADDRESS	RT. 6 BOX 486	33 STREET ADDRESS	6000 CO. HWY. 278
CITY ST ZIP	DEFUNIAK SPGS FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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: GERALD McCORMICK 2/16/95 904-892-3394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code and Daytime Telephone Number)

0411003 FP