

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 681702

(7)

1. Corporation Name

MCMAHON ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:55

Principal Place of Business
199 ROSEWOOD STREET
ORMOND BEACH FL 32174-5526

Mailing Address
199 ROSEWOOD STREET
ORMOND BEACH FL 32174-5526

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/11/1980	03/24/1994
22	City & State	27	City & State	4. FEI Number	Applied For Not Applicable
23	Zip	28	Zip	59-2135717	
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCMAHON, EUGENE T.
199 ROSEWOOD STREET
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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, typed or printed name of registered agent and title of agent)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCMAHON, EUGENE T.	1.2 NAME	
STREET ADDRESS	199 ROSEWOOD STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORMOND BEACH FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCMAHON, EUGENE R.	2.2 NAME	
STREET ADDRESS	199 ROSEWOOD STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORMOND BEACH FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCMAHON, DANIEL P.	3.2 NAME	
STREET ADDRESS	199 ROSEWOOD STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	ORMOND BEACH FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 199.032(1)(b), Florida Statutes. I further certify that I am an officer or director of this corporation or the person or persons 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: *E.T. McMahon*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
EUGENE T. MCMAHON CEO

2-10-96 917 760 5330
Tampa, Florida