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Aug 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 413797

1. Corporation Name
EQUITY-MCDONALD CORPORATION

Principal Place of Business	Mailing Address
4020 N.W. BLITCHTON RD, OCALA, FL. 34482	

3. Date Incorporated or Qualified: NOV. 30 72
3a. Date of Last Report: MAY 1 96

2. Principal Place of Business	2a. Mailing Address
21 4020 BLITCHTON	26 4020 N.W.
Suite, Apt. #, etc. 22 RM D	Suite, Apt. #, etc. 27 BLITCHTON RD
City & State 23 OCALA, FLORIDA	City & State 28 OCALA FLORIDA
Zip 24 34482 Country 25 U.S.A.	Zip 29 34482 Country 30 U.S.A.

4. FEI Number — ☐ 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	10. Name and Address of New Registered Agent
	81 Name: ALEXANDER BARBARA
	82 Street Address (P.O. Box Number is Not Acceptable): 4020 N.W. BLITCHTON RD.
	83
	84 City: OCALA FL 85 Zip Code: 34482

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: ALEXANDER BARBARA — DATE: MAY 31 97
Signature, typed or printed name of registered agent and title if applicable (CR2E034 Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER BARBARA		12 NAME	
STREET ADDRESS	4020 N.W. BLITCHTON RD.		13 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL. 34482		14 CITY-ST-ZIP	
TITLE	V.P.	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HELEN LOVINGER		22 NAME	
STREET ADDRESS	[redacted] U.S. 27.		23 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL.		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	PE 8.6
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	400002260314
STREET ADDRESS			63 STREET ADDRESS	-08/07/97--01012--029
CITY-ST-ZIP			64 CITY-ST-ZIP	***558.75

CR2E034 (9/96)

14. I do 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 11 or Block 13 if changed or on an attachment with an address.

SIGNATURE: ALEXANDER BARBARA MAY 31 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #