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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # 520962 (2)

1. Corporation Name

MCCLAIN & MCCLAIN, P.A.

MCCLAIN, ALFONSO & HERNANDEZ, PA

Principal Place of Business

402 EAST CHURCH AVENUE
P. O. BOX 4
DADE CITY FL 33526

Mailing Address

402 EAST CHURCH AVENUE
P. O. BOX 4
DADE CITY FL 33526

2. Principal Place of Business
21 37908 Church Ave
Suite, Apt. #, etc.
22
City & State
23 Dade City, FL
Zip 24 33525 Country 25 USA

2a. Mailing Address
26 P.O. Box 4
Suite, Apt. #, etc.
27
City & State
28 Dade City, FL
Zip 29 33526 Country 30 USA

3. Date Incorporated or Qualified: 12/27/1976

3a. Date of Last Report: 04/17/1995

4. FEI Number: 59-1711021 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

MCLAIN, JOE A.
402 EAST CHURCH AVENUE
DADE CITY FL 33525

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 607.1506, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MCCLAIN, JOE A	
STREET ADDRESS	515 WEST CHURCH AVE	
CITY-ST-ZIP	DADE CITY, FL 00000	
TITLE	STD	☐ DELETE
NAME	MCCLAIN, NANCY L	
STREET ADDRESS	515 W. CHURCH AVE.	
CITY-ST-ZIP	DADE CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is valid, duly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 add'l fee.

SIGNATURE: Joe A. McClain 4-2-96 (352) 567-5636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Filed

CR2E034 (12/95)