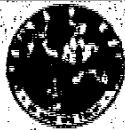


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 11:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 576958 (3)

1. Corporation Name

MCKENNA INVESTMENT CORPORATION

Principal Place of Business

**609 LAGOON DRIVE
DESTIN FL 32541
US**

Mailing Address

**609 LAGOON DRIVE
DESTIN FL 32541
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/26/1978

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1833659

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**THORNTON, MARY JANE
11 RACETRACK ROAD, N.E.
SUITE H-1
FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name

Thornton, Mary Jane

82 Street Address (P.O. Box Number is Not Acceptable)

425 Hollywood Boulevard, Suite B

83

Mary Esther, Florida

84 City

Mary Esther

FL

85

Zip Code
32569

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 if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE

VT

NAME

MCKENNA, ROBERT C.

STREET ADDRESS

430 MARY ESTER CUT-OFF

CITY - ST - ZIP

FT WALTON BCH FL

TITLE

PS

NAME

MCKENNA, MARGARET W.

STREET ADDRESS

430 MARY ESTER CUT-OFF

CITY - ST - ZIP

FT WALTON BCH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

VT

☒ Change ☐ Addition

1.2 NAME

McKenna, Robert C.

1.3 STREET ADDRESS

609 Lagoon Drive

1.4 CITY - ST - ZIP

Destin, Florida 32541

2.1 TITLE

PS

☒ Change ☐ Addition

2.2 NAME

McKenna, Margaret W.

2.3 STREET ADDRESS

609 Lagoon Drive

2.4 CITY - ST - ZIP

Destin, Florida 32541

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 address.

SIGNATURE: Robert C. McKenna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. McKenna

4-11-95

Date

(904) 837-2593

Daytime Phone #