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

APPROVED AND FILED

95 APR -4 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **598073** **(5)**

1. Corporation Name
MCBEE, INC.

Principal Place of Business	Mailing Address
1801 SOUTH INDIAN RIVER DRIVE **FORT PIERCE FL 34950**	**1801 SOUTH INDIAN RIVER DRIVE** **FORT PIERCE FL 34950**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/21/1978**
3a. Date of Last Report: **03/08/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1881173** ☐ 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

MCBEE, BERNARD W. JR.
1801 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL MH 34950

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	11 TITLE	☐ Change ☐ Addition
NAME	MCBEE, BERNARD W. JR.	12 NAME	
STREET ADDRESS	1801 S. INDIAN RIVER DR	13 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCBEE, DARRELL L.	22 NAME	
STREET ADDRESS	3202 WM BREWSTER DR	23 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCBEE, F. L.	32 NAME	
STREET ADDRESS	46 44 CT	33 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCBEE, GENE W.	42 NAME	
STREET ADDRESS	608 CENTRAL AVE	43 STREET ADDRESS	
CITY-ST-ZIP	MARTINSBURG WV	44 CITY-ST-ZIP	
TITLE	PTD	51 TITLE	☐ Change ☐ Addition
NAME	MCBEE, BERNARD W	52 NAME	
STREET ADDRESS	3048 OLEANDER AVE	53 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	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: Bernard W. McBee Jr. 3/31/95 407 465-1037
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Bernard W. McBee, Jr. Vice-President

03/08/95 CP