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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

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

1. Corporation Name

**MCBEE, INC.**

Principal Place of Business

**1801 SOUTH INDIAN RIVER DRIVE**
**FORT PIERCE FL 34950**

Mailing Address

**1801 SOUTH INDIAN RIVER DRIVE**
**FORT PIERCE FL 34950**

3. Date Incorporated or Qualified: **12/21/1978**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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 Section 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 changes were 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 _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | VSD | ☐ DELETE | 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 | ☐ DELETE | 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 | ☐ DELETE | 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 | ☐ DELETE | 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 | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | MCBEE, BERNARD W | | 52 NAME | |
| STREET ADDRESS | 3046 OLEANDER AVE | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | FORT PIERCE FL | | 54 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurate, complete 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 blank.

**SIGNATURE:** Bernard W McBee Jr 3/30/96 407 465-1037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE
Bernard W. McBee Jr. Vice President