FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **607363** **(9)**

1. Corporation Name

MCCARTHY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
113 PONCE DE LEON CIRCLE PONCE INLET FL 32127	113 PONCE DE LEON CIRCLE PONCE INLET FL 32127

3. Date Incorporated or Qualified: **01/22/1979**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **59-1875776** ☐ 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. Does corporation own stock, for intangible tax under s. 199.032, Florida Statutes? ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

MCCARTHY, JOHN M
113 PONCE DE LEON CIRCLE
PONCE INLET FL 32127

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 [illegible] of the 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. The above corporation is aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a registered agent is a felony of the third degree and may result in the imposition of penalties described in section 775.082, 775.083, or 775.084, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR INFORMATION

TITLE	PD	☐ DELETE
NAME	MCCARTHY, JOHN M	
STREET ADDRESS	113 PONCE DE LEON CIRCLE	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	DST	☐ DELETE
NAME	MCCARTHY, LINDA A	
STREET ADDRESS	113 PONCE DE LEON CIRCLE	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	DV	☐ DELETE
NAME	MCCARTHY, DOUGLAS P	
STREET ADDRESS	550 SCOTT DR.	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	DAT	☐ DELETE
NAME	MCCARTHY, MARIA	
STREET ADDRESS	550 SCOTT DR.	
CITY-ST-ZIP	ORMOND BCH FL 32174	
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

1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
6 NAME	
7 STREET ADDRESS	
8 CITY-ST-ZIP	
9 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY-ST-ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY-ST-ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.193, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 added.

SIGNATURE: [signature] 3/26/96 904.760.6320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)