

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 685775 (9)

1. Corporation Name

JOHN KIRK MCDONALD, P.A.



Principal Place of Business

Mailing Address

THE LAW CENTER
370 MINORCA AVENUE
CORAL GABLES FL 33134

THE LAW CENTER
370 MINORCA AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/28/1980

3a. Date of Last Report

04/04/1995

4. FEI Number

59-2056651

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

10. Name and Address of New Registered Agent

MCDONALD, JOHN KIRK
1217 N GREENWAY DRIVE
CORAL GABLES FL 33134

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

Signature of Registered Agent (if not the same as the corporation's registered agent, attach a separate statement of appointment and acceptance of appointment)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCDONALD, JOHN KIRK
STREET ADDRESS 1217 N GREENWAY DRIVE
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE S
NAME MCDONALD, GLORIA
STREET ADDRESS 1217 N GREENWAY DRIVE
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN KIRK MCDONALD 6-5-96 305
9440815

CR2E034 (3/96)