# 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

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DIVISION OF CORPORATIONS
95 JAN 18 PM 2:35

DOCUMENT # **692734** **(7)**

1. Corporation Name
**JOHN MCMINN & SON, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4867 NW 29TH AVENUE<br>MIAMI FL 33142 | 4867 NW 29TH AVENUE<br>MIAMI FL 33142 |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 06/29/1981 | 01/27/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: 59-1363767 ☐ 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**

MCMINN, JOHN A. JR.
4867 N.W. 29TH AVE.
MIAMI FL 33142

**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, type or print 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 | P | 11 TITLE | V ☐ Change ☐ Addition |
| NAME | MCMINN, JOHN A. JR. | 12 NAME | McMINN, Gabriel A. |
| STREET ADDRESS | 4867 N.W. 29TH AVE. | 13 STREET ADDRESS | 4867 N.W. 29th Ave |
| CITY ST ZIP | MIAMI FL | 14 CITY ST ZIP | Miami Fla |
| TITLE | V | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MCMINN, CEDRIC | 22 NAME | |
| STREET ADDRESS | 4867 N.W. 29TH AVE. | 23 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 24 CITY ST ZIP | |
| TITLE | S | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MCMINN, INEZ | 32 NAME | |
| STREET ADDRESS | 4867 N.W. 29TH AVE. | 33 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 34 CITY ST ZIP | |
| TITLE | T | 41 TITLE | ☐ Change ☐ Addition |
| NAME | MCMINN, ROBERT | 42 NAME | |
| STREET ADDRESS | 4867 N.W. 29TH AVE. | 43 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 44 CITY ST ZIP | |
| TITLE | MD | 51 TITLE | ☐ Change ☐ Addition |
| NAME | MCMINN, JOHN A. III | 52 NAME | |
| STREET ADDRESS | 4867 N.W. 29TH AVE. | 53 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 54 CITY ST ZIP | |
| TITLE | V | 61 TITLE | ☐ Change ☐ Addition |
| NAME | MCMINN, GLORIA | 62 NAME | |
| STREET ADDRESS | 4867 N.W. 29TH AVE. | 63 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 64 CITY ST ZIP | |

14. I declare to 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:** John A. McMinn Jr. 1/14/95 305-691-8021
(Signature and Typed or Printed Name of Individual) (Title) (Date) (Daytime Phone #)

0191701 CP