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

CR2E034 (3/96)

DOCUMENT # 692734 (7)

1. Corporation Name

JOHN MCMINN & SON, INC.

Principal Place of Business

4867 NW 29TH AVENUE
MIAMI FL 33142

Mailing Address

4867 NW 29TH AVENUE
MIAMI FL 33142

3. Date Incorporated or Qualified: 06/29/1981

3a. Date of Last Report: 01/18/1995

4. FEI Number: 59-1363767 ☐ Applied For ☐ Not Applicable

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

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 ______

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	MCMINN, JOHN A. JR.	4867 N.W. 29TH AVE.	MIAMI FL	☐
V	MCMINN, CEDRIC	4867 N.W. 29TH AVE.	MIAMI FL	☐
S	MCMINN, INEZ	4867 N.W. 29TH AVE.	MIAMI FL	☐
T	MCMINN, ROBERT	4867 N.W. 29TH AVE.	MIAMI FL	☐
MD	MCMINN, JOHN A. III	4867 N.W. 29TH AVE.	MIAMI FL	☐
V	MCMINN, GLORIA	4867 N.W. 29TH AVE.	MIAMI FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	S	McMinn, Gabriel	4867 NW 29 Ave	Miami Fla 3314-	☐	☑
2					☐	☐
3					☐	☐
4					☐	☐
5					☐	☐
6					☐	☐

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)(k), 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 617, 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. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-6-96 Daytime Phone #: 305 6340973

0150685 FP