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FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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



DO NOT WRITE IN THIS SPACE

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

06/29/1981

4. FEI Number

59-1363767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MCMINN, JOHN A. JR.
STREET ADDRESS 4867 N.W. 29TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME MCMINN, CEDRIC
STREET ADDRESS 4867 N.W. 29TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME MCMINN, INEZ
STREET ADDRESS 4867 N.W. 29TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME MCMINN, ROBERT
STREET ADDRESS 4867 N.W. 29TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE MD ☐ DELETE

NAME MCMINN, JOHN A. III
STREET ADDRESS 4867 N.W. 29TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME MCMINN, GLORIA
STREET ADDRESS 4867 N.W. 29TH AVE.
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME F.S. Gabriel A. McMinn
1.3 STREET ADDRESS 4867 NW 29th Ave
1.4 CITY-ST-ZIP Miami FL 33142

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 5-2-98 305 634097

CR2E034 (10/97)