

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740788 (5)**

1. Corporation Name  
**MCCLAIN, INC.**



Principal Place of Business <b>7211 N. DALE MABRY HWY SUITE 210 TAMPA FL 33614 US</b>	Mailing Address <b>7211 N. DALE MABRY HWY SUITE 210 TAMPA FL 33614-2669 US</b>
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3. Date Incorporated or Qualified <b>11/16/1977</b>	3a. Date of Last Report <b>03/21/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-1846986</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc. <b>22</b>	Suite, Apt #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**

**HOOTEN, EDITH H.  
1408 W. ALICIA AVENUE  
TAMPA FL 33604**

**10. Name and Address of New Registered Agent**

81 Name <b>Riggs, Patricia B.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3419 LACEWOOD ROAD</b>
83
84 City <b>Tampa</b>
85 Zip Code <b>FL 33618</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **x PATRICIA B. RIGGS, PRESIDENT** *Patricia B. Riggs* DATE **1-27-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HOOTEN, EDITH H.</b>	
STREET ADDRESS <b>1408 W. ALICIA AVENUE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>NELSON, MARY</b>	
STREET ADDRESS <b>3404 LACEWOOD ROAD</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SENIOR, JAMES H.</b>	
STREET ADDRESS <b>4168 NORTHMEADOW CIRCLE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>RIGGS, PATRICIA</b>	
STREET ADDRESS <b>3419 LACEWOOD ROAD</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KAGLER, EARL</b>	
STREET ADDRESS <b>7106 WHITTIER ROAD</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>RIDER, WILLIAM</b>	
STREET ADDRESS <b>4041 PRIORY CIRCLE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Riggs, Patricia B.</b>	
1.3 STREET ADDRESS <b>3419 LACEWOOD ROAD</b>	
1.4 CITY-ST-ZIP <b>TAMPA, FL 33618</b>	
2.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>McDarby, Robert J.</b>	
2.3 STREET ADDRESS <b>4813 Arrowwood Lane</b>	
2.4 CITY-ST-ZIP <b>Tampa, FL 33615</b>	
3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Crawford, Eileen</b>	
3.3 STREET ADDRESS <b>15503 Beekereek Dr.</b>	
3.4 CITY-ST-ZIP <b>Tampa, FL 33624</b>	
4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Hooten, Edith H.</b>	
4.3 STREET ADDRESS <b>1408 W. Alicia Ave</b>	
4.4 CITY-ST-ZIP <b>Tampa, FL 33604</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia B. Riggs* **PATRICIA B. RIGGS** DATE: **1-27-97** (813) 830-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0048164

CR2E037 (9/96)