

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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		Mailing Address	
7211 N. DALE MABRY HWY SUITE 210 TAMPA FL 33614 US		7211 N. DALE MABRY HWY SUITE 210 TAMPA FL 33614 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified  
**11/16/1977**

4. FEI Number  
**59-1846986**

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

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

9. Name and Address of Current Registered Agent

**RIGGS, PATRICIA B**  
**3419 LACEWOOD ROAD**  
**TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name **Chanda, Timothy S.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1416 W. Alicia Avenue**  
 83  
 84 City **Tampa** FL 85 Zip Code **33604**

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: *Timothy S. Chanda* DATE: **6 February 1998**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIGGS, PATRICIA B	
STREET ADDRESS	3419 LACEWOOD RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NELSON, MARY	
STREET ADDRESS	3404 LACEWOOD ROAD	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, EILEEN	
STREET ADDRESS	15503 BEARCREEK DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCDARBY, ROBERT J	
STREET ADDRESS	4813 ARROWWOOD LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOOTEN, EDITH H	
STREET ADDRESS	1408 W ALICIA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIDER, WILLIAM	
STREET ADDRESS	4041 PRIORY CIRCLE	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chanda, Timothy S.	
1.3 STREET ADDRESS	1416 W. Alicia Avenue	
1.4 CITY-ST-ZIP	Tampa, FL 33604	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mesropian, Tina	
2.3 STREET ADDRESS	5700 S. Mariner, #306	
2.4 CITY-ST-ZIP	Tampa, FL 33609	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rider, William	
3.3 STREET ADDRESS	4041 Priory Circle	
3.4 CITY-ST-ZIP	Tampa, FL 33624	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Riggs, Patricia B.	
4.3 STREET ADDRESS	3419 LACEWOOD ROAD	
4.4 CITY-ST-ZIP	Tampa, FL 33618	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Senior, Joan	
5.3 STREET ADDRESS	4168 Northmeadow Circle	
5.4 CITY-ST-ZIP	Tampa, FL 33624	
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 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: *Timothy S. Chanda* DATE: **6/ Feb/ 1998** 813 930 0088

CR2E037 (10/97)