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95 MAY -1 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742506 (9)**  
1. Corporation Name  
**MCDONALD'S GULF COAST ADVERTISING, INC.**

Principal Place of Business <b>1625 S ALABAMA AVE MONROEVILLE AL 36460</b>	Mailing Address <b>1625 S ALABAMA AVE MONROEVILLE AL 36460</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/19/1978</b>	3a. Date of Last Report <b>03/08/1994</b>
4. FEI Number <b>59-1808036</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**O'CONNOR, JOHN L.  
4830 LA JOLLA  
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, CRAIG	1.2 NAME	<b>DELETE</b>
STREET ADDRESS	3680 CYPRESS CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GULF SHORES AL	1.4 CITY - ST - ZIP	
TITLE	<del>VD</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPELLETTI, ROBERT	2.2 NAME	<b>PD</b>
STREET ADDRESS	2062 POINT LEGERE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	2.4 CITY - ST - ZIP	
TITLE	VTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, JOHN	3.2 NAME	
STREET ADDRESS	1625 S ALA AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MONROEVILLE, AL 00000	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>VD</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>MARSHALL, FRANK</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>652 POWELL DRIVE ET WATSON BEACH, FL 32548</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 E. Rice Sr. TREASURER Date: 4/26/95 334-743-2917  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR