

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742506 (9)

1. Corporation Name

MCDONALD'S GULF COAST ADVERTISING, INC.



Principal Place of Business

1625 S ALABAMA AVE
MONROEVILLE AL 36460

Mailing Address

1625 S ALABAMA AVE
MONROEVILLE AL 36460

3. Date Incorporated or Qualified
04/19/1978

3a. Date of Last Report
05/01/1995

21. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1808036

Applied For
Not Applicable

22. Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'CONNOR, JOHN L.
4830 LA JOLLA
PENSACOLA FL 32504**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARSHALL, FRANK	
STREET ADDRESS	652 POWELL DR	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	RICE, JOHN	
STREET ADDRESS	1625 S ALA AVE	
CITY-ST-ZIP	MONROEVILLE AL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAPPELLETTI, ROBERT	
STREET ADDRESS	2082 POINT LEGERE ROAD	
CITY-ST-ZIP	MOBILE AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARSHALL, FRANK	
1.3 STREET ADDRESS	652 Powell Drive	
1.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32579	
2.1 TITLE	VTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Rice, John	
2.3 STREET ADDRESS	1625 S. Alabama Ave	
2.4 CITY-ST-ZIP	MONROEVILLE, AL 36460	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JIM BARNES	
4.3 STREET ADDRESS	PO 160484	
4.4 CITY-ST-ZIP	Mobile, AL 36616-1484	
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 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* John E. Rice 4/12/96 334-743-2917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)