

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90049 032 \*\*\*\*61.25

0081710

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 742506**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <b>1530 S. Ala Ave</b>	26 <b>1530 S. Ala Ave</b>	<b>04/19/1978</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
		<b>59-1808036</b>
23 City & State	28 City & State	Applied For
		<input type="checkbox"/> Not Applicable
24 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
		<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing <input type="checkbox"/>
		<b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>O'CONNOR, JOHN L. 4830 LA JOLLA PENSACOLA FL 32504</b>		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
		83	
		84 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>1625 S ALA AVE</b>	1.3 STREET ADDRESS	<b>1530 S ALA AVE</b>
CITY-ST-ZIP	<b>MONROEVILLE AL</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JIM BARNES</b>	2.2 NAME	
STREET ADDRESS	<b>2204 GOVT..ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOBILE AL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCCO VALLUZZO</b>	3.2 NAME	
STREET ADDRESS	<b>30892 JAY DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SPANISH FORT AL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>V/D SUSAN O'CONNOR</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>4830 LA JOLLA</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: **John E. Rice** **RECEIVED** **4/29/98** **334-743-2917**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)