

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 804317 (6)

1. Corporation Name

MCCRORY HOLDING COMPANY

Principal Place of Business

56 E PINE STREET, SUITE 301
ORLANDO FL 32801-0218

Mailing Address

56 E PINE STREET, SUITE 301
ORLANDO FL 32801-0218

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/21/1934

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-0595330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

TRICKEL, WILLIAM, JR.
39 W. PINE ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CRAIG, CORTES R.
STREET ADDRESS	56 E PINE ST #301
CITY - ST - ZIP	ORLANDO FL
TITLE	DPT
NAME	CORTES, JEAN
STREET ADDRESS	56 EAST PINE ST, #301
CITY - ST - ZIP	ORLANDO FL
TITLE	DV
NAME	MCGILL, GEORGE W.
STREET ADDRESS	56 E PINE ST. #301
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	MCCRORY, M JANE
STREET ADDRESS	2243 FURMA ST
CITY - ST - ZIP	ORANGE PARK FL
TITLE	D
NAME	MCCRORY, JOHN G.
STREET ADDRESS	304 EJEFFERSON ST.
CITY - ST - ZIP	CHARLOTTESVILLE VA
TITLE	S
NAME	THEISEN, ELAYNE L.
STREET ADDRESS	56 EAST PINE ST, #301
CITY - ST - ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jean A. Cortes

Jean A. Cortes, President

3/20/95

(407) 422-7693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)