FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:43

DOCUMENT # 837734 (3)

1. Corporation Name
MCCOY DEVELOPMENT INC.

Principal Place of Business	Mailing Address
9001 TREASURE CAY LN P.O. BOX 2288 BONITA SPRGS. FL 33959	9001 TREASURE CAY LN P.O. BOX 2288 BONITA SPRGS. FL 33959

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 28000 Spanish Wells Dr.	26 28000 Spanish Wells Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bonita Springs, Florida	City & State 28 Bonita Springs, Florida
Zip / Country 24 33923-6686 / 25	Zip / Country 29 33923-6686 / 30

3. Date Incorporated or Qualified: 01/21/1977
3a. Date of Last Report: 02/28/1994
4. FEI Number: 36-2949014 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ 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	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	MCARDLE, EDWARD J	1.2 NAME		
STREET ADDRESS	5101 CAROLINE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	MCARDLE, DAVID A	2.2 NAME		
STREET ADDRESS	4051 E MAIN ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST CHARLES IL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, THOMAS J	3.2 NAME		
STREET ADDRESS	4051 E MAIN ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST CHARLES IL	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE		☒ Change ☐ Addition
NAME	CRAWFORD, J STEPHEN	4.2 NAME		
STREET ADDRESS	5551 RIDGEWOOD DR	4.3 STREET ADDRESS	801 Laurel Oak Dr., Suite 420	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, Florida 33963	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	MCARDLE, MARIAN G.	5.2 NAME		
STREET ADDRESS	5101 CAROLINE	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	V	☐ Change ☒ Addition
NAME		6.2 NAME	Kepley, Richard B.	
STREET ADDRESS		6.3 STREET ADDRESS	28000 Spanish Wells Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bonita Springs, Florida 33923-6686	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas J. Kelly, Secretary 1-23-95 813/992-5529
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0453106 FP