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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 837734

(3)

1. Corporation Name

MCCOY DEVELOPMENT INC.

Principal Place of Business

28000 SPANISH WELLS DR.
P.O. BOX 2288
BONITA SPRINGS FL 33923-6686
US

Mailing Address

28000 SPANISH WELLS DR.
P.O. BOX 2288
BONITA SPRINGS FL 34133-2288
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

01/21/1977

3a. Date of Last Report

01/30/1996

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME MCARDLE, EDWARD J
STREET ADDRESS 5101 CAROLINE
CITY-ST-ZIP HOUSTON TX

DELETE

TITLE PD
NAME MCARDLE, DAVID A
STREET ADDRESS 4051 E MAIN ST
CITY-ST-ZIP ST CHARLES IL

DELETE

TITLE SD
NAME KELLY, THOMAS J
STREET ADDRESS 4051 E MAIN ST
CITY-ST-ZIP ST CHARLES IL

DELETE

TITLE AS
NAME CRAWFORD, J STEPHEN
STREET ADDRESS 801 LAUREL OAK DR., SUITE 420
CITY-ST-ZIP NAPLES FL

DELETE

TITLE V
NAME KEPLEY, RICHARD B.
STREET ADDRESS 28000 SPANISH WELLS DRIVE
CITY-ST-ZIP BONITA SPRINGS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

V
Pate, Stephen
28000 Spanish Wells Blvd.
Bonita Springs, FL 34135

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

1/7/97

(630) 584-6580

Date Daytime Phone

CR2E034 (9/96)