FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **855442** **(0)**

1. Corporation Name
MCGINLEY MAINTENANCE, INC.

Principal Place of Business
PO BOX 259
BELLE VERNON PA 15012
US

Mailing Address
PO BOX 259
BELLE VERNON PA 15012
US

3. Date Incorporated or Qualified: **02/03/1983**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **25-1101217** 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 but is ineligible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City, & State
23 Zip
24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City, & State
28 Zip
29 Country 30

9. Name and Address of Current Registered Agent
MCGINLEY, JOHN M
742 MANDALAY AVE.
CLEARWATER FL 34630

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 Section 607.0122 and 607.0505, 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. The 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MCGINLEY, JOHN M.	
STREET ADDRESS	742 MANDALAY AVE.	
CITY, ST, ZIP	CLEARWATER BCH FL	
TITLE	VD	☐ DELETE
NAME	MCGINLEY, JACK	
STREET ADDRESS	1413 CLEARVIEW DR.	
CITY, ST, ZIP	GREENSBURG PA	
TITLE	SD	☐ DELETE
NAME	MCGINLEY, ELIZABETH A.	
STREET ADDRESS	742 MANDALAY AVE.	
CITY, ST, ZIP	CLEARWATER BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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 indicated on this form, including, but not limited to, the information 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or other authorized within this filing.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-15-96 DATE 800-624-6826 DAYTIME PHONE

CR2E034 (12/95)