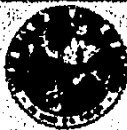


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07980

(8)

1. Corporation Name

MCKILLOP & SON, INC.

Principal Place of Business

% MARK W. MCFALL
240 S. PINEAPPLE AVE., 9TH FL.
SARASOTA FL 34236
US

Mailing Address

% MARK W. MCFALL
240 S. PINEAPPLE AVE., 9TH FL.
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/05/1980

3a. Date of Last Report

03/17/1994

2. Principal Place of Business

21 1639 W. University Pkwy

2a. Mailing Address

26 1639 W. University Pkwy

59-2053419

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Sarasota, Florida

City & State

28 Sarasota, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

24 34243

25 USA

Zip

Country

29 34243

30 USA

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

9. Name and Address of Current Registered Agent

MCFALL, MARK W
240 S. PINEAPPLE AVENUE, 9TH FL.
SARASOTA FL 34236

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

MCKILLOP, HUGH

STREET ADDRESS

1639 W. UNIVERSITY PKWY.

CITY - ST - ZIP

SARASOTA FL 34243

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

V

NAME

MCKILLOP, H., ROBERT

STREET ADDRESS

1639 W. UNIVERSITY PKWY.

CITY - ST - ZIP

SARASOTA FL 34243

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

S

NAME

MCKILLOP, PATRICIA

STREET ADDRESS

1639 W. UNIVERSITY PKWY.

CITY - ST - ZIP

SARASOTA FL 34243

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

T

NAME

Clairbault Lawrence

STREET ADDRESS

1639 W. University PKWY

CITY - ST - ZIP

Sarasota, FL 34243

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

SIGNATURE:

H. Robert McKillop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/95

Date

813-351-4962

Telephone Number