

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F07980** (8)
1. Corporation Name
MCKILLOP & SON, INC.



Principal Place of Business 1639 W. UNIVERSITY PKWY. 340 S. PINEAPPLE AVE., 9TH FL. SARASOTA FL 34243 US	Mailing Address 1639 W. UNIVERSITY PKWY. SARASOTA FL 34243 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/05/1980	
				4. FEI Number 59-2053419	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCPALL, MARK W 240 S. PINEAPPLE AVENUE, 9TH FL. SARASOTA FL 34236				10. Name and Address of New Registered Agent 81 Name H. Robert McKillop 82 Street Address (P.O. Box Number is Not Acceptable) 1639 W University Pkwy 83 84 City Sarasota FL 85 Zip Code 34232			
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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 **H. Robert McKillop** 3/31/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCKILLOP, HUGH		1.2 NAME				
STREET ADDRESS	1639 W. UNIVERSITY PKWY.		1.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCKILLOP, H., ROBERT		2.2 NAME				
STREET ADDRESS	1639 W. UNIVERSITY PKWY.		2.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCKILLOP, PATRICIA		3.2 NAME				
STREET ADDRESS	1639 W UNIVERSITY PKWY.		3.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CLERBAUT, LAWRENCE		4.2 NAME	CLERBAUT			
STREET ADDRESS	1639 W. UNIVERSITY PKWY.		4.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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 **H. Robert McKillop** 3/31/98 941 341 4962

CR2E034 (10/97)