

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 # **F74013** (6)

1. Corporation Name
M. D. C., INC.



Principal Place of Business Mailing Address
% DAVID CULPEPPER
RT. 4, BOX 558
PERRY FL 32347

3. Date Incorporated or Qualified **03/29/1982** 3a. Date of Last Report **03/31/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2192082	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent

CULPEPPER, DAVID
RT 4 BOX 558
PERRY FL 32347

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	1.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	CITY - ST - ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	2.4 CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	
STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.4 CITY - ST - ZIP	
STREET ADDRESS	STREET ADDRESS	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS	5.4 CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.2 NAME	
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	CITY - ST - ZIP	6.4 CITY - ST - ZIP	

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)(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 on an attachment with an address.

SIGNATURE: *David Culpepper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

904-584-1319

Date

Daytime Phone #

CR2E034 (12/95)