

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 6:05**

**DOCUMENT # F81670 (4)**

1. Corporation Name  
**MCWILLIAMS DEVELOPMENT CO., INC.**

Principal Place of Business Mailing Address  
**1790 N A1A STE. #209 SATELLITE BCH FL 32937**      **1790 N A1A STE. #209 SATELLITE BCH FL 32937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/18/1982**      3a. Date of Last Report **04/18/1994**  
4. FEI Number **58-2203489**      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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**MCWILLIAMS, DAVID T.  
1790 N.A1A, STE. 206  
STE. 209  
SATELLITE BEACH FL 32937**

10. Name and Address of Now 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 modifying) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>STD</b>
NAME	<b>MCWILLIAMS, JOAN</b>
STREET ADDRESS	<b>701 TRADEWINDS DR.</b>
CITY, ST, ZIP	<b>INDIAN HARBOUR BCH., F</b>
TITLE	<b>DP</b>
NAME	<b>MCWILLIAMS, DAVID T.</b>
STREET ADDRESS	<b>1790 N. A1A STE. 209</b>
CITY, ST, ZIP	<b>SATELLITE BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>MCWILLIAMS, TIM F.</b>
STREET ADDRESS	<b>492 E. EAU GALIE BLVD.</b>
CITY, ST, ZIP	<b>INDIAN HARBOUR BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or as an attachment with the sections.

SIGNATURE: \_\_\_\_\_ DATE: **3-24-95** **407-777-5854**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR