

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F83555**

1. Corporation Name

~~EXIT INFORMATION GUIDE, INC.~~ **Wilson McKinney, Inc.**

Name Changed eff. 1/19/99

Principal Place of Business

% GEORGE WILSON MCKINNEY

~~4205 NW 6TH ST~~

~~GAINESVILLE FL 32609~~

Mailing Address

% GEORGE WILSON MCKINNEY

~~4205 NW 6TH ST~~

~~GAINESVILLE FL 32609~~

FILED
Jul 01, 1999 8:00 am
Secretary of State

07-01-1999 90010 007 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1982

4. FEI Number

59-2194765

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

6110 Northwest 33rd Ave.

Suite, Apt. #, etc.

22

City & State

Gainesville, FL 32606

Zip Country

usa

2a. Mailing Address

6110 Northwest 33rd Ave.

Suite, Apt. #, etc.

27

City & State

Gainesville, FL 32606

Zip Country

usa

9. Name and Address of Current Registered Agent

MCKINNEY, GEORGE WILSON

~~4205 N.W. 6TH STREET~~

~~GAINESVILLE FL 32609~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6110 Northwest 33rd Avenue

83

84 City **Gainesville**

FL

85 Zip Code **32606**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **MCKINNEY, GEORGE WILSON**

STREET ADDRESS ~~4205 NW 6TH ST~~

CITY-ST-ZIP ~~GAINESVILLE, FL 00000~~

TITLE ☒ DELETE

NAME **GOCEK, DON A**

STREET ADDRESS **4205 NW 6TH ST**

CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ DELETE

NAME **DYKES, JOHN**

STREET ADDRESS **4205 NW 6TH ST**

CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ DELETE

NAME **MULLINAX, JEFFREY**

STREET ADDRESS **4205 NW 6TH ST**

CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ DELETE

NAME **STD CROWN, MARY ANN**

STREET ADDRESS **4205 NW 6TH ST**

CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ DELETE

NAME **D LYONS, RICKY L**

STREET ADDRESS **4205 NW 6TH ST**

CITY-ST-ZIP **GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **6110 Northwest 33rd Avenue**

1.4 CITY-ST-ZIP **Gainesville, FL 32606**

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 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, with all other like empowered.

SIGNATURE: *George Wilson McKinney* **George Wilson McKinney** 6/28/99 904-418 0519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)