

# 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 APR 11 PM 9:06

DOCUMENT # **F93952** (2)

1. Corporation Name  
**HAROLD R. MCGEE, P.A.**

Principal Place of Business

% HAROLD R MCGEE  
4620 NW 32ND PLACE  
GAINESVILLE FL 32606

Mailing Address

% HAROLD R MCGEE  
4620 NW 32ND PLACE  
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/04/1982** 3a. Date of Last Report **03/30/1994**

4. FEI Number **59-2216928** 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

7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 **4620 N.W. 32nd Pl** 26 **4620 N.W. 32nd Pl**  
22 **GAINESVILLE** 27 **GAINESVILLE**  
City & State City & State  
23 **GAINESVILLE, FL** 28 **GAINESVILLE, FL**  
Zip Country Zip Country  
24 **32606** 25 **FLAACHA** 29 **32606** 30 **FLAACHA**

8. Name and Address of Current Registered Agent

MCGEE, HAROLD R  
4620 NW 32ND PLACE  
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City **FL** 05 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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PST                | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCGEE, HAROLD R    | 1.2 NAME                                              | None                                                              |
| STREET ADDRESS             | 4620 NW 32ND PLACE | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | GAINESVILLE FL     | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                    | 2.1 TITLE                                             |                                                                   |
| NAME                       |                    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                    | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                    | 3.1 TITLE                                             |                                                                   |
| NAME                       |                    | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                    | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                    | 4.1 TITLE                                             |                                                                   |
| NAME                       |                    | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                    | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                    | 5.1 TITLE                                             |                                                                   |
| NAME                       |                    | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                    | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                    | 6.1 TITLE                                             |                                                                   |
| NAME                       |                    | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |                                                                   |
| 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 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 if changed, or on an attachment with an address.

SIGNATURE:

*Harold R. McGee* President  
HAROLD R. MCGEE PRESIDENT

4/6/95 904-378-4294