

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:25

DOCUMENT # F94000002828 (1)

1. Corporation Name

MCBRIDE SERVICES, INC.

Principal Place of Business

**6480 WEATHERS PL #340
SAN DIEGO CA 92121**

Mailing Address

**6480 WEATHERS PL #340
SAN DIEGO CA 92121**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

48-0941343

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name

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

83.

84. City

FL

85. Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	MCBRIDE, MIKE
STREET ADDRESS	3100 MEDLOCK BRIDGE RD #135
CITY - ST - ZIP	NORCROSS GA
TITLE	VD
NAME	MCBRIDE, MARC
STREET ADDRESS	6480 WEATHERS PL #340
CITY - ST - ZIP	SAN DIEGO CA
TITLE	STD
NAME	KATZENMEIER, DANA
STREET ADDRESS	6480 WEATHERS PL #340
CITY - ST - ZIP	SAN DIEGO CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/O	☒ Change ☐ Addition
1.2 NAME	McBride, Marc	
1.3 STREET ADDRESS	6480 Weathers Pl #340	
1.4 CITY - ST - ZIP	San Diego, CA 92121	
2.1 TITLE	V/O	☒ Change ☐ Addition
2.2 NAME	McBride, Mike	
2.3 STREET ADDRESS	3100 Medlock Bridge Rd #135	
2.4 CITY - ST - ZIP	Norcross, GA 30071	
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 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)(a), 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, upon an attachment with an address.

SIGNATURE

Dana Katzenmeier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dana Katzenmeier

3/30/95

DATE

(619) 450-1414

TELEPHONE NUMBER