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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000005206 (6)

1. Corporation Name
MCDW CORPORATION

Principal Place of Business

3510 WILDERNESS TR
LOUISVILLE KY 40299

Mailing Address

3510 WILDERNESS TR
LOUISVILLE KY 40299

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1995

4. FEI Number

88-0334557

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

COTHRAN, MONICA L
1810 BECK AVE
PANAMA CITY FL 32405

10. Name and Address of New 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DAVISON, JASON

STREET ADDRESS 219 Dianna

CITY-ST-ZIP Fallon NV 89406

TITLE ☐ DELETE

NAME MCKECHNIE, THOMAS

STREET ADDRESS 3510 WILDERNESS TR

CITY-ST-ZIP LOUISVILLE KY 40299

TITLE ☐ DELETE

NAME WIGGINS, SHAWN

STREET ADDRESS 255 CIRCLE DR

CITY-ST-ZIP RENO NV 89509

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME Candice Davison

1.3 STREET ADDRESS 219 Dianna

1.4 CITY-ST-ZIP Fallon NV 89406

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME Karen McKechnie

2.3 STREET ADDRESS 3510 WILDERNESS TR

2.4 CITY-ST-ZIP Lou Ky 40299

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME Dave Wiggins

3.3 STREET ADDRESS 255 Circle

3.4 CITY-ST-ZIP Reno NV 89509

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 registered or trusted 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 from an agent and my new address.

SIGNATURE

[Signature]

4-19-98

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CR2E034 (10/97)