

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G46375 (3)**  
1. Corporation Name  
**Z.J. MCMARVAL CORPORATION**



Principal Place of Business Mailing Address  
**38799 U.S. 19 N TARPON SPRINGS FL 34689** **38799 U.S. 19 N TARPON SPRINGS FL 34689**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/27/1983</b>	3a. Date of Last Report <b>03/20/1995</b>
21   State, Apt. #, etc.	26   Suite, Apt. #, etc.	4. FEI Number <b>59-2314238</b>		Applied For Not Applicable	
22   City & State	27   City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23   Zip	28   City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24   Zip	25   Country	29   Zip	30   Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**McFARLAND, JAMES K  
38799 U.S. 19 N.  
TARPON SPRINGS FL 33589**

**10. Name and Address of New Registered Agent**

81   Name	
82   Street Address (P.O. Box Number is Not Acceptable)	
83	
84   City	<b>FL</b> 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 of officer or director of corporation required unless otherwise applicable)

(Signature of Registered Agent required when not existing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McFARLAND, JAMES K</b>	1.2 NAME	
STREET ADDRESS	<b>2601 BAYSHORE DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McFARLAND, VALERIE</b>	2.2 NAME	
STREET ADDRESS	<b>2601 BAYSHORE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(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: **JAMES McFARLAND**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-96**  
Date

**813 938-1234**  
Telephone Number

CR2E034 (12/95)