

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # H40922

(7)

1. Corporation Name

MCKINLEY ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**P.O. BOX 1028
TITUSVILLE FL 32781**

**P.O. BOX 1028
TITUSVILLE FL 32781**

2. Principal Place of Business

2a. Mailing Address

21 436 Highland Terrace

26 436 Highland Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Titusville, FL

28 Titusville, FL

Zip

Country

Zip

Country

24 32976

25 Brevard

29 32976

30 Brevard

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKINLEY, MILO M.
1798 S. PARK AVE.
TITUSVILLE FL 32780**

81 Name

McKinley, Milo M.

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

436 Highland Terrace

83

84

City Titusville

FL

85

Zip Code 32796

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

Milo M. McKinley

Milo M. McKinley P/D

7-31-96

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 **PD** ☐ DELETE
NAME **MCKINLEY, MILO M.**
STREET ADDRESS **1798 S. PARK AVE.**
CITY - ST - ZIP **TITUSVILLE FL 32780**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **McKinley, Milo M.**
1.3 STREET ADDRESS **436 Highland Terrace**
1.4 CITY - ST - ZIP **Titusville, FL 32796** ☒ Change ☐ Addition

TITLE **T** ☐ DELETE
NAME **MCKINLEY, JO K**
STREET ADDRESS **1798 S. PARK AVE.**
CITY - ST - ZIP **TITUSVILLE FL 32780**

2.1 TITLE **T/S** ☒ Change ☐ Addition
2.2 NAME **McKinley, Jo K.**
2.3 STREET ADDRESS **436 Highland Terrace**
2.4 CITY - ST - ZIP **Titusville, FL 32796** ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **Riley, John A.**
3.3 STREET ADDRESS **958 Bayward Place**
3.4 CITY - ST - ZIP **Rockledge, FL 32955** ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Milo M. McKinley

Milo M. McKinley P/D

7-31-96

(407)264-9523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (3/96)