

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90010 004 \*\*\*150.00

0461877

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H49144

1. Corporation Name  
MCFARLAND OF MARCO, INC.

Principal Place of Business  
111 S. BARFIELD  
MARCO ISLAND FL 34145  
US

Mailing Address  
111 S. BARFIELD  
MARCO ISLAND FL 33937



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/27/1985

4. FEI Number  
59-2504759  
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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. AS

26 Suite, Apt. #, etc. AS ABOVE

22 City & State ABOVE

27 City & State

23 Zip Country

28 Zip Country

24 25 COLLIER

29 30 COLLIER

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENER, JR. E  
SUNBANK CENTRE SUITE 400  
950 NORTH COLLIER BLVD  
MARCO ISLAND FL 34145

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 EUGENE GREENER JR

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  
NAME MCFARLAND, SHELLEY M.  
STREET ADDRESS 794 AMBER DR  
CITY-ST-ZIP MARCO ISLAND FL 34145

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD  
NAME MCFARLAND, CHARLES R.  
STREET ADDRESS 55 PRIMROSE CT.  
CITY-ST-ZIP MARCO ISLAND FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ST  
NAME MCFARLAND, MARIE A  
STREET ADDRESS 55 PRIMROSE CRT  
CITY-ST-ZIP MARCO ISLAND FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 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, with all other like empowered.

SIGNATURE: Charles R. McFarland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

941-642-0746

Daytime Phone #

CR2E034 (11/98)