

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **H53369** (5)

95 JAN 19 AM 11:34

1. Corporation Name
MCCARTHY AND ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**2240 BELLEAIR ROAD
SUITE 250
CLEARWATER FL 34624** **2240 BELLEAIR ROAD
SUITE 250
CLEARWATER FL 34624**

3. Date Incorporated or Qualified 3a. Date of Last Report
04/23/1985 **02/22/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For
59-2520470 Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCFADDEN, MICHAEL K.
200 CLEARWATER-LARGO ROAD
LARGO FL 34640**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MCCARTHY, E. MICHAEL
STREET ADDRESS	1011 WEATHERSFIELD DRIVE
CITY-ST-ZIP	DUNEDIN FL
TITLE	D
NAME	HILL, RAYMOND C.
STREET ADDRESS	112 TRIANON LANE
CITY-ST-ZIP	VILLANOVA PA
TITLE	ST
NAME	MCCARTHY, DEBORAH
STREET ADDRESS	1011 WEATHERSFIELD DRIVE
CITY-ST-ZIP	DUNEDIN FL
TITLE	V
NAME	SALEMME, JEFFREY J
STREET ADDRESS	2481 NE COACHMAN RD,1012
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *E.M. McCarthy*

1-10-95 (813) 536-8772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E.M. MCCARTHY, PRESIDENT