

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H53369** (5)  
1. Corporation Name  
**MCCARTHY AND ASSOCIATES, INC.**



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>2555 NURSERY ROAD</b>		26 <b>2555 NURSERY ROAD</b>		<b>04/23/1985</b>	<b>01/19/1995</b>
22 Suite, Apt. #, etc. <b>SUITE 101</b>		27 Suite, Apt. #, etc. <b>SUITE 101</b>		4. FEI Number	Applied For
23 City & State <b>CLEARWATER, FL</b>		28 City & State <b>CLEARWATER, FL</b>		<b>59-2520470</b>	Not Applicable
24 Zip <b>34624</b>	25 Country <b>USA</b>	29 Zip <b>34624</b>	30 Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
MCFADDEN, MICHAEL K. 200 CLEARWATER-LARGO ROAD LARGO FL 34640				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
84 City		85 Zip Code		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ 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 checked="" type="checkbox"/> Addition
NAME	MCCARTHY, E. MICHAEL	1.2 NAME	<b>SHUMATE, DAVID L.</b>
STREET ADDRESS	1011 WEATHERSFIELD DRIVE	1.3 STREET ADDRESS	<b>1843 MARILYN DRIVE</b>
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34619</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, RAYMOND C.	2.2 NAME	
STREET ADDRESS	112 TRIANON LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VILLANOVA PA	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, DEBORAH	3.2 NAME	
STREET ADDRESS	1011 WEATHERSFIELD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALEMME, JEFFREY J	4.2 NAME	
STREET ADDRESS	2481 NE COACHMAN RD, 1012	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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: **E.M. McCarthy** **E.M. MCCARTHY** PRESID. **1/23/96** **813-536-8172**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)