

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

**FILED**

**Jan 30 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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      Mailing Address  
**2555 NURSERY ROAD  
SUITE 101  
CLEARWATER FL 34624  
US**      **2555 NURSERY ROAD  
SUITE 101  
CLEARWATER FL 34624-3080  
US**

3. Date Incorporated or Qualified: **04/23/1985**      3a. Date of Last Report: **01/29/1996**  
4. FEI Number: **59-2520470**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Zip      Country      29 Country      30

9. Name and Address of Current Registered Agent  
**MCFADDEN, MICHAEL K.  
200 CLEARWATER-LARGO ROAD  
LARGO FL 34840**

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**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCARTHY, E. MICHAEL</b>	
STREET ADDRESS	<b>1011 WEATHERSFIELD DRIVE</b>	
CITY - ST - ZIP	<b>DUNEDIN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HILL, RAYMOND C.</b>	
STREET ADDRESS	<b>112 TRIANON LANE</b>	
CITY - ST - ZIP	<b>VILLANOVA PA</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCARTHY, DEBORAH</b>	
STREET ADDRESS	<b>1011 WEATHERSFIELD DRIVE</b>	
CITY - ST - ZIP	<b>DUNEDIN FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SALEMME, JEFFREY J</b>	
STREET ADDRESS	<b>2481 NE COACHMAN RD, 1012</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SHUMATE, DAVID L</b>	
STREET ADDRESS	<b>1843 MARILYN DR</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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 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.

SIGNATURE: **E.M. McCarthy**      **E. M. MCCARTHY**      **1/3/97**      **(813) 536 8772**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)