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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

H56588 **DOCUMENT #**

Mailing Address

MCKITTRICK PROPERTIES, INC.

| Time. | | A Turis | 221036 22103 22103 22103 | |
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SECRETARY OF STATE TALLAHASSEE FLORIDA



REINSTATEMENT

| C/O ALEXANDER J. MCKITTRICK 2100 CONSTITUTION BLVD.: #132 SARASOTA FL 34231 US | | 2100 CONSTITUTION | C/O ALEXANDER J. MCKITTRICK 2100 CONSTITUTION BLVD. #132 SARASOTA FL 34231 US | | REINSTATEMENT 96-91 | | |
|---|---|--|--|-----------------------|--|---|--|
| | | | | | Date Incorporated or Qualified 05/07/1985 | 3a. Date of Last Report (7) 06/15/1995 | |
| 2. Principal F | Place of Business | 2a. Mailing Address | *************************************** | | 4. FEI Number | Applied For | |
| 21 | N. A. L | 26 | | | 59-2531562 | Not Applicable | |
| Suite, Apt | . #. etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Sta 23 | | City & State | | | Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees | |
| Zip | Country | Zip | Counti | У | 8. This corporation has liability for i | ntangible tax under s 199.032, ☐ No | |
| 24 | g. Name and Address of Cu | 29 29 Agent | 30 | | Florida Statutes Yes 10. Name and Address of New R | | |
| | 9. INDITIE BITG ACCUSES OF CE | ment negistaren Agent | 8 | 1 Name | 10. Halilla allo Audreas of Hear F | ogistered Agent | |
| MCKIT | TRICK, ALEXANDER J. | | | ļ | | | |
| 2100 0 | CONSTITUTIONAL BLVD | | (B) | | ress (P.O. Box Number is Not Acceptab | le) | |
| SUITE | | | 8: | 3 | | | |
| | SOTA FL 34231 | | 8- | ή ΄ | | FL 85 Zip Code | |
| 11. Pursuant | t to the provisions of Sections 607. | 0502 and 607,1508, Florida Statu Florida, Such change was authori | tes, the above | named corpor | ration submits this statement for the pur and of directors. I hereby accept the appoint | pose of changing its registered office | |
| familiar v | with, and a copt the obligations of. | Section 607 0509, Jorida Spitute | s. A •• | . / 4 | Talel | 7-4 | |
| SIGNATURE | accumacy | in farmer | TOUR | 14 OF K | · V· MYZITTKICK . I | RES. 3-24-97 | |
| 12. | Signature, tyred of printed name of mystered OF ICER | agent and tree diapplicable (N SIAND DIRECTORS | OTE: Registered Ag | ent algnature require | ADDITIONS/CHANGES TO OFF | CERS AND DIRECTORS IN 12 | |
| TILE | DP | □ DELETE | 1. 1 TITL | | Nooniono of Vindeo 10 ori | Change Addition | |
| NAME | MCKITTRICK, ALEXANDE | R J. | 1.2 NAMI | i i | | ' | |
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| STREET ADDRESS | • | | 3.3 STR | ···· | | | |
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| NAME | | | 6.2 NAM | ŧ | | | |
| STREET ADDRESS | 6 | | | ET ADDRESS | | | |
| CHTY-ST-7/F | .] | | 64 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 cath; 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.