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

DOCUMENT # H74998 (6)													
1.	Corporation	Name MCCARD	LF. INC.		•								
	E. V. V.	1100/1110	LL) IIIO							1 184 B 1 8 10 18 B 1 8 B 1 8 B 1 8 B 1 8 B 1 8 B 1 8 B 1 8 B 1 8 B 1 8 B 1 8 B 1 8 B 1 8 B 1 8 B 1 8 B 1 8 B		H BIBH BIBH BIBH	HANNON AND HANN
	in sing! Disea	of Durings											
i	Principal Place of Business Mailing Address												
3307 OXFORD DRIVE W. BRADENTON FL 34206					3307 OXFORD DRIVE W. BRADENTON FL 34205								
										Date Incorporated or Qualified	3a	Date of Last R	erort
										09/09/1985	'	05/01/19	
h	Principal Pla	rincipal Place of Business			2a. Mailing Address				4. FEI Number			Applied For	
21	Chita Ant A	ito. Ant. H. etc.			Suite, Apl. #, etc.				59-2593238 Not Applicable			· · · · · · · · · · · · · · · · · · ·	
22	Suite, Apt. 1	Suite. Apt. #, etc.			27				5. Certificate of Status Desired	×		Additional Required	
	City & State				City & State				6. Election Campaign Financing			May Be	
23					28					Trust Fund Contribution			d to Fees
امما	Ζφ		Country	-	Zφ		Country			8. This corporation has liability for Florida Statutes Yes	intangib No		199.032,
25							-7-		~ =	10. Name and Address of New I			
								Name)			_	
MCCARDLE, LESTER W.							82	Street	Addres	ss (P.O. Box Number is Not Accepta	ble)		
3307 OXFORD DRIVE W.													
BRADENTON FL 34205													
							84	City			F	-L 85 Z4	p Code
11	. Pursuant t	o the provis	ions of Sections 607.050	2 and 60	7.1508, Florida Stat	tutes, the	above-r	named c	corporat	ion submits this statement for the pu of directors. I hereby accept the app			egistered office
	familiar wit	h, and acce	pt the obligations of, Sec	tion 607.	0505, Florida Statu	tes.	ine corp	oralion	s Doard	or directors. Thereby accept the app	Omunen	i as registered	ragent, rann
Si	GNATURE. ,	Stonature, typed	or printed name of registered age:	e and title 1:	aonimahia	(NOTE: Beo	istered Aner	l sizvature	required u	vhen reinstahogi	DAT		
12			OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OF		<u> </u>	PRS IN 12
100	.F	DP			☐ DELETE		1. 1 TIFLE					Change	Addition
NAM			role, lester W. Exford DR W				1.2 NAME						
STHEET ADDRESS CHTY+ST-ZIP		l	ENTON FL				1.3 STREET ADDRESS 1.4 CHY-ST-ZIP						
1. 925 1110		DST			DELETE		2 1 TILE	1-211-	1	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAM	ΜE		RDLE, VIVIAN L.				2 2 NAME						_
814	REET ADDRESS		OXFORD DR W				2 3 STREET	ADDRESS					
	Y-ST-Z-P	BRADE	ENTON FL		S COLOR		2 4 CITY - S	T-7IP		·			
TIT		_	RDLE, KENNETH A.		DELETE		3 1 TITLE 3 2 NAME					☐ Change	☐ Addition
	NEFT ADDRESS		OXFORD DR W				3.2 NAME 3.3 STREET	ADDRESS					
	Y-SI-ZiP		NTON FL			1	3.4 CITY - S						
1:11					DELETE		4. 1 THILE					Change	Addition
NAM	dί					- 1	4.2 NAME						
	REET ADDRESS						4.3 STREET						
	Y-ST-Z-P				DELETE		4.4 CITY - S 5.1 TITLE	r-ZIP	 			Change	Addition
T:TL NA					U Detere	1	5 1 IIILE 5 2 NAME					Th cuantie	☐ voornau
	NEET ADDRESS						5 3 STREET	ADDRESS					
	Y+\$1+Z-P						5 4 CITY-S						
T.II					☐ DELETE		6. 1 TITLE	-		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAM	vfi					1	6.2 NAME						
Sin	REET ADDRESS					- 1	63 STREET	address					
CrT	Y - ST - 7;P	L					64CITY-S	T-ZIP	<u> </u>				· · · · · · · · · · · · · · · · · · ·

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 undor 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: LESTER W. M. CAPULE TRULE

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