Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90086 008 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H74998**

1. Corporation Name

L. V. MCCARDLE, INC.

Principal Place of Business Mailing Address											
3307 OXFORD DRIVE W.		330	3307 OXFORD DRIVE W.								
BRADENTON FL 34205			BRADENTON FL 34205					DO NOT WRI	TE IN TH	IS SPACE	
	•							3. Date Incorporated or Qualifed	12 ((1)	-	
								09/09/1985			
<u> </u>	In a f Duniana	1 2-	Mailing Address					4. FEI Number		T 1	Applied For
	lace of Business	-	Mailing Address					59-2593238		<u> </u>	Not Applicable
21 Suite Ant # etc		26	Suite, Apt. #, etc.						4-		Additional
Suite, Apt. #, etc.		27	27				•	5. Certificate of Status Desired	X.	Fee	Required
City & State			City & State					6. Election Campaign Financing			May Be
23			28					Trust Fund Contribution			d to Fees
Zip	Country	igsqcup	Zip		ıntry			8. This corporation owes the cun	ent year l		·
24	25	29		30				Personal Property Tax.	<u></u>	Yes	No
	9. Name and Address of Current	Regis	tered Agent		-			10. Name and Address of New	Register <u>e</u>	a Agent	
MOCARDIE LECTER W				81	Name		·				
MCCARDLE, LESTER W.					82 Street Addi			ss (P.O. Box Number is Not Accept	able)		
3307 OXFORD DRIVE W.								<u> </u>			
BRADENTON FL 34205					83						ļ
•				84	City				. 85 Zi	Code	
					1				F		
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Floric	ia. Such change was a	uthorize	שם ם	the corpo	corpor	ration submits this statement for the s's board of directors. I hereby acce	pt the app	oi changing pointment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title i	if applicable. (NOTE	Registere	d Ager	nt signature r	required v	when reinstating)	DATE		
12,	OFFICERS AND			13.				ADDITIONS/CHANGES TO OF	FICERS	AND DIREC	TORS IN 12
TITLE	DST		☐ DELETE	1,1 T	πE					Chang	e 🗌 Addition
NAME .	MCCARDLE, LESTER W.			1.2 N	AME		ļ				~~[
STREET ADDRESS	3307 OXFORD DR W			1.3 \$	TREE	TADDRESS					1
CITY-ST-ZIP	BRADENTON FL			1.4 0	TY-S	T-ZIP					
TITLE			☐ DELETE	2.1 T			<u> </u>			☐ Chang	e
NAME				2.2 N	AME.						}
STREET ADDRESS			•	2.3 9	TREE	T ADDRESS		•			
CITY-ST-ZIP	- -		• -	2.40	CITY-S	ST-ZIP			·-		
TITLE			DELETE	3.1 T	ITLE				,	Chang	e
NAME				3.2 N	AME						1
STREET ADDRESS				3.3 S	TREE	T ADDRESS]				
CITY-ST-ZIP				3.4. (CITY-S	ST-ZIP					
TILE			☐ DELETE	4.1 T	ITLE					☐ Chang	e 🔲 Addition
NAME		•		4.21	NAME						
STREET ADDRESS				4.3 8	TREE	TADORESS					ļ
CITY-ST-ZIP				4.4 0	ITY-S	T-ZIP					
TITLE			☐ DELETE	5.1 T	TILE					☐ Chang	e 🗌 Addition
NAME		-		5.21	IAME						}
OTDEET ADDRESS				5,3 9	TREE	T ADDRESS					

CITY-ST-ZIP 14. I 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 changes or on an attachment with an address, with all other like empowered.

5,4 CITY-ST-ZIP

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Addition

☐ Change