

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

FILED

Feb 04 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 # J16522

(1)

1. Corporation Name

MC CULLOUGH & COMPANY, INC.

Principal Place of Business

% LEO L. MCCULLOUGH  
113 W. PIPPIN DRIVE  
ISLAMORADA FL 33036-3112

Mailing Address

% LEO L. MCCULLOUGH  
113 W. PIPPIN DRIVE  
ISLAMORADA FL 33036-3112

3. Date Incorporated or Qualified

05/28/1986

3a. Date of Last Report

04/09/1996

4. FEI Number

59-2672363

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

21 5311 S. Running Brook Dr.  
Suite, Apt. #, etc.

2a. Mailing Address

26 5311 S. Running Brook Dr.  
Suite, Apt. #, etc.

City & State

23 Homosassa, FL

Zip

24 34448

Country

25 U.S.A.

City & State

28 Homosassa, FL

Zip

29 34448

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

MCCULLOUGH, LEO L.  
113 W. PIPPIN DRIVE  
ISLAMORADA FL 33037

10. Name and Address of New Registered Agent

81 Name

Leo L. McCullough

82 Street Address (P.O. Box Number is Not Acceptable)

5311 S. Running Brook Dr.

83

84 City

Homosassa

FL

85 Zip Code

34448

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

Signature of registered agent or provided name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MCCULLOUGH, LEO L.  
STREET ADDRESS 113 W. PIPPIN DRIVE  
CITY-ST-ZIP ISLAMORADA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 5311 S. Running Brook Dr.

1.4 CITY-ST-ZIP Homosassa, FL 34448

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Leo L. McCullough*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97 352-628-7055  
Date Daytime Phone #

CR2E034 (9/96)