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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

FILED Apr 21 1998 8:00am Secretary of State

1. Corporation		(')			
MC CU	LLOUGH & COMPANY, INC.				
					ê ji baran 2000 bi bin birin 1911) 1811 (1811)
Principal Place	o of Business	Mailing Address		-	
5311 S. RUNNING BROOK DR. 5311 S. RUNNING BROO			RD		
113 W. PIPPIN DRIVE HOMMOSASSA FL 34448		113 W. PIPPIN DRIVE HOMOSASSA FL 34448			
				DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		05/28/1986 4. FEI Number	Applied For
		Lance .	Const D		Not Applicable
Suite, Apt.	Running Brock Dr.	Suite, Apt. #, etc.	ing sione	Certificate of Status Desired	\$8.75 Additional
22		[27]		B. Certificate of Status Desired	Fee Required
City & State	0	City & State	رسور	6. Election Campaign Financing	\$5.00 May Be
23 Jame	02120 , -C	28 Homoses	Country	Trust Fund Contribution L	Added to Fees
رارو المو	111 P 35 11 C	29 3444		This corporation owes or has paid to Personal Property Tax due June 30	
544	9, Name and Address of Current		20.	10. Name and Address of New Regis	
MCCULLOUGH, LEO L. 81 Name					
FOLL O DISPUSIO DOON OD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			oz Sirbei Addre	555 (1.0. DOX NUMBER 15 NOT Accoptable)	
			83		
			84 City		85 Zip Code
					
11. Pursuant to office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607 1508, Florida Statutes f Florida, Such change was au	s, the above-named corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	pose of changing its registered no appointment as registered
	m familiar with, and accept the obligati			· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered agent	ACTI	Registered Agent signature require:	d vkey winds no	DATE
12,	OF FICE RS AND		13.	ADDITIONS/CHANGES TO OFFICER	<u> </u>
TITLE	P	DELFIE	1.1 TOLE		Change Addition
NAME	MCCULLOUGH, LEO L		1.2 NAME		
STREET ADDRESS	5311 S. RUNNING BROOK DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL		1.4 CHY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Delete	2 4 CITY - ST - ZIP		Change Addition
TITLE		L DELETE	31 TITLE		L. Change L. Addition
NAME OTREET ADDRESS			3.2 NAMÉ		
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-S1-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME		•	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAMÉ		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5 4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

Thereby certify that the information supplied with this filing closs 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 logal 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.