

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

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J36239 (8)**  
 1. Corporation Name:  
**M. PETE MCNABB, INC.**



Principal Place of Business <b>2201 CANTU COURT, SUITE 110 SARASOTA FL 34232</b>	Mailing Address <b>2201 CANTU COURT, SUITE 110 SARASOTA FL 34232-8254</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

3. Date Incorporated or Qualified <b>09/29/1986</b>	3a. Date of Last Report <b>04/15/1996</b>
4. FEI Number <b>59-2735509</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>XX</b>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCNABB, M. PETE  
 2201 CANTU COURT, SUITE 110  
 SARASOTA FL 34232**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reselecting)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCNABB, M. PETE	
STREET ADDRESS	2201 CANTU COURT #110	
CITY - ST - ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GASTON, STEPHEN L	
STREET ADDRESS	6341 SAMOA DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRUSTAD, ELAINE J.	
STREET ADDRESS	5360 MYAKKA VALLEY TRL	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Derek J. Nelson	
1.3 STREET ADDRESS	2201 Cantu Court Suite 110	
1.4 CITY - ST - ZIP	Sarasota, Florida 34232	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David M. Snyder	
2.3 STREET ADDRESS	13215 SR 70	
2.4 CITY - ST - ZIP	Bradenton, Florida 34202	
3.1 TITLE	V,S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jane A. James	
3.3 STREET ADDRESS	2201 Cantu Court Suite 110	
3.4 CITY - ST - ZIP	Sarasota, Florida 34232	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changing an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)