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Mar 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J39709**

1. Corporation Name

MCBRIDE & WARD, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**800 FIFTH AVENUE S #200
 NAPLES FL 34102
 US**

Mailing Address

**800 FIFTH AVENUE S #
 NAPLES FL 33940-3627
 US**

3. Date Incorporated or Qualified

10/21/1986

4. FEI Number

59-2733534

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 owes the current year intangible
 Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**WARD, JANICE M.
 800 FIFTH AVENUE S #200
 NAPLES FL 34102**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPAT** DELETE
 NAME **WARD, WILLIAM J.**
 STREET ADDRESS **800 FIFTH AVENUE S #200**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **DVS** DELETE
 NAME **WARD, JANICE M.**
 STREET ADDRESS **800 FIFTH AVENUE S #200**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **DCT** DELETE
 NAME **MCBRIDE, CLYDE**
 STREET ADDRESS **1333 OCEAN AVE.**
 CITY-ST-ZIP **MANTOLOKING NJ**

TITLE **DVAS** DELETE
 NAME **MCBRIDE, LORRAINE**
 STREET ADDRESS **1333 OCEAN AVE.**
 CITY-ST-ZIP **MANTOLOKING NJ**

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
 1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: **WILLIAM J. WARD**

2/26/99

941/263-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)