

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J75955 (1)**

1. Corporation Name  
**MCGIFFEN DEVELOPMENTS, INC.**



Principal Place of Business: 109 OVERLEA WAY, VENICE FL 34292, US

Mailing Address: 109 OVERLEA WAY, 46 NO. WASHINGTON BLVD., #1, VENICE FL 34292, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/03/1987**

2. Principal Place of Business (21-24): Suite, Apt. #, etc.; City & State; Zip; Country

2a. Mailing Address (25-30): Suite, Apt. #, etc.; City & State; Zip; Country

4. FEI Number: **59-2817713**

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 or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent

**PATTERSON, JOHN**  
**46 NO. WASHINGTON BLVD., #1**  
**SARASOTA FL 34236**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGIFFEN, JOHN W	1.2 NAME	
STREET ADDRESS	109 OVERLEA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGIFFEN, CARMEN M	2.2 NAME	
STREET ADDRESS	109 OVERLEA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	2.4 CITY-ST-ZIP	
TITLE	VPAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGGLESTON, SUSAN E	3.2 NAME	
STREET ADDRESS	109 OVERLEA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	AS Barbara J. Thomas
STREET ADDRESS		4.3 STREET ADDRESS	109 Overlea Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Venice, FL 34292
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Susan E. Eggleston* 4/28/98 941-497-4786

CR2E034 (10/97)