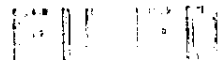


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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



98 SEP 30 AM 9:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **J81067** (7)

M.S. McCall Co. Inc.

1. Name of Corporation: **6919 PITTS RD JACKSONVILLE FL 32219**
 2. Mailing Address: **6919 PITTS RD JACKSONVILLE FL 32219**

21. State of Florida: **FL**
 22. City: **JACKSONVILLE**
 23. County: **CLAY**
 24. Zip: **32219**
 25. Country: **USA**
 26. State, Apt #, etc.: **FL**
 27. City & State: **JACKSONVILLE FL**
 28. Zip: **32219**
 29. Country: **USA**

9. Name and Address of Current Registered Agent

**MCCALL MARTIN J.
 6919 PITTS ROAD
 JACKSONVILLE FL. 32219**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1987**

4. FEI Number: **59-2815137** | Applicant Fee (Not Applicable): **\$8.75** Additional Fee Required

5. Certificate of Status Desired: **\$5.00** May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution:

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

11. I, the undersigned, being duly sworn, depose and say that I am 67 years old, a resident of the State of Florida, and that I am authorized by the board of directors of the above-named corporation to execute this statement for the purpose of changing its registered agent. I further depose and say that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name and address are as stated above.

12. OFFICERS AND DIRECTORS (List Name, Title, and Address of each officer and director) (List Name, Title, and Address of each officer and director)

12. OFFICERS AND DIRECTORS

1. Name: **PRES. MCCALL MARTIN J.** | Title: **PRES.** | Address: **6919 PITTS ROAD JACKSONVILLE FL.** | Director

2. Name: _____ | Title: _____ | Address: _____ | Director

3. Name: _____ | Title: _____ | Address: _____ | Director

4. Name: _____ | Title: _____ | Address: _____ | Director

5. Name: _____ | Title: _____ | Address: _____ | Director

6. Name: _____ | Title: _____ | Address: _____ | Director

7. Name: _____ | Title: _____ | Address: _____ | Director

8. Name: _____ | Title: _____ | Address: _____ | Director

9. Name: _____ | Title: _____ | Address: _____ | Director

10. Name: _____ | Title: _____ | Address: _____ | Director

11. Name: _____ | Title: _____ | Address: _____ | Director

12. Name: _____ | Title: _____ | Address: _____ | Director

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (List Name, Title, and Address of each officer and director)

1. Name: _____ | Title: _____ | Address: _____ | Director Officer

2. Name: _____ | Title: _____ | Address: _____ | Director Officer

3. Name: _____ | Title: _____ | Address: _____ | Director Officer

4. Name: _____ | Title: _____ | Address: _____ | Director Officer

5. Name: _____ | Title: _____ | Address: _____ | Director Officer

6. Name: _____ | Title: _____ | Address: _____ | Director Officer

7. Name: _____ | Title: _____ | Address: _____ | Director Officer

8. Name: _____ | Title: _____ | Address: _____ | Director Officer

9. Name: _____ | Title: _____ | Address: _____ | Director Officer

10. Name: _____ | Title: _____ | Address: _____ | Director Officer

11. Name: _____ | Title: _____ | Address: _____ | Director Officer

12. Name: _____ | Title: _____ | Address: _____ | Director Officer

14. I, the undersigned, being duly sworn, depose and say that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name and address are as stated above.

SIGNATURE: **M. McCall** Pres. 9/22/98 904-765-1609

CR2032 (5-98)