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Sep 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J95654

(6)

1. Corporation Name

MCCOOL ENTERPRISES, INC.

Principal Place of Business

COMMERCIAL BLDG  
WHITE POND CIRCLE  
ALTA FL 32421  
US

Mailing Address

P O BOX 9  
WHITE POND CIRCLE  
ALTA FL 32421-0009  
US



3. Date Incorporated or Qualified

10/02/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2846343

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 RR3 Box 340B

Suite, Apt. #, etc.

27 ALTA FL.

City & State

28 Zip Country

29 32421

30 CALHOUN

9. Name and Address of Current Registered Agent

MCCOOL, EUGENE  
630 N.E. 34TH STREET  
POMPANO BEACH FL 33064

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 PVP  
NAME MCCOOL, EUGENE  
STREET ADDRESS 2811 N.E. 53RD CT.  
CITY-ST-ZIP LIGHTHOUSE POINT FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVP  
1.2 NAME MCCOOL EUGENE  
1.3 STREET ADDRESS RR3 Box 340B  
1.4 CITY-ST-ZIP ALTA FL 32421  
☒ Change ☐ Addition

2.1 TITLE SEC  
2.2 NAME MCCOOL CAROL  
2.3 STREET ADDRESS RR3 Box 340B  
2.4 CITY-ST-ZIP ALTA FL 32421  
☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE: Eugene M. McCool, President  
Signature: Carol M. McCool, Secretary

CR2E034 (9/96)