Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90102 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT *

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K03436

1. Corporation Name

MCLOUGHLIN ENTERPRISES INC

MOLOGO	ALIN FAITHLE HISTOR INC.	,	•			A BIRK BIRKI BIRKI AKRIL BIRKI		
							anan aran 14an	
Principal Place	e of Business	Mailing Address			I INNI DI II DA INI DA) Alls Bidit BiBil eleit atti	91611 01811 1941	
7875 2 AVE SOUTH 7875 2 AVE SOUT					1.3			
ST. PETERSBURG FL 33707 ST. PETERSBURG FL			7		DO NOT WRITE	E IN THIS SPACE		
					3. Date Incorporated or Qualifed			
	•				11/23/1987			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		opplied For	
21		26			59-2856633	N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27			3. Definidate of Citatos Desired	- , Fee H	Required	
City & State	e ·	City & State			6. Election Campaign Financing	, ,	May Be	
23		28		Trust Fund Contribution - Added to Fees				
Zip			Country	5. ,				
24	25		10		Personal Property Tax.	Yes		
	9. Name and Address of Curren	t Registered Agent	81	T Name	10. Name and Address of New Re	igistered Agent 🚟	<u></u>	
MCL	OLICHUM PONALD		81	Name				
MCLOUGHLIN, RONALD			82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
5980 - 66TH STREET NORTH								
ST. PETERSBURG FL			83	3	••		-	
			84	City		FL 85 Zip	Code	
						• — (
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above horized by	ve-named corp v the corporation	poration submits this statement for the poon's board of directors. I hereby accept	iurpose of changing it the appointment as it	registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statute	S .]	
SIGNATURE						DATE	}	
	Signature, typed or printed name of registered agen			ent signature require	ADDITIONS/CHANGES TO OFF		ORS IN 12	
12.	OFFICERS AN	D DELETE	13.		ADDITIONS/CHANGES TO OFF	Change		
TITLE (P P P P P P P P P P P P P P P P P P P	, Deceie	ŧ					
NAME :	MCLOUGHLIN, RONALD J.		1.2 NAME					
STREET ADDRESS	7875 SECOND AVENUE S.			ETADDRESS	-			
CITY-ST-ZIP	ST. PETERSBURG FL	E) actor	1.4 CITY-1			Change	Addition	
TITLE	V	☐ DELETE	2.1 TITLE			change		
NAME ·	MCLOUGHLIN, JANICE M.		2.2 NAME		<i>₹</i>		.	
STREET ADDRESS	7875 SECOND AVENUE S.			ET ADDRESS .	•		Į	
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-	ST-ZIP		Change	Addition	
∸∭rĒ		☐ DELETE	3.1 TITLE		•	Change	Accompan	
NAME		and the contract of the contract	- 3.2 NAME	-	راي الراب المحاكم وليدا			
STREET ADDRESS		•	1	ET ADDRESS	-		}	
CITY-ST-ZIP			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE		*	☐ Change	Addition	
NAME			4. 2 NAME			•	Ì	
STREET ADDRESS	·		4.3 STRE	ET ADDRESS		•		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	·*		Change	Addition	
NAME			5.2 NAME					

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.

DELETE

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition