

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K34049 (2)
 1. Corporation Name
THE MCCLURE COMPANY

Principal Place of Business 425 20TH AVENUE NE ST PETERSBURG FL 33704	Mailing Address 425 20TH AVENUE NE ST PETERSBURG FL 33704
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FILED

98 JUN 16 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 405 Central Avenue Suite, Apt. #, etc. 22 Suite 300 City & State 23 St. Petersburg, Florida Zip 24 33701 Country 25 USA	2a. Mailing Address 26 PO BOX 114 Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL Zip 29 33731 Country 30 USA
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3. Date Incorporated or Qualified 09/26/1988	4. FEI Number 59-2914320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent
MCCLURE, J. RICHARD
425 20TH AVENUE N E
ST PETERSBURG FL 33704

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLURE, J. RICHARD	
STREET ADDRESS	425 - 20TH AVE. NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

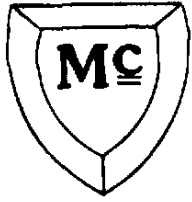
900002566619--0
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 ****150.00 ****150.00

TS 6/17 2 pages

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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: *A. Richard McClure* 6-5-98 863-821-0170

CFR2E034 (10/97)



THE M^cCLURE COMPANY, INC.

St. Petersburg, FL • Atlanta, GA • New Castle, PA

June 7, 1998

Division of Corporations
Annual Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

RE: FE1 #59-2914320

Dear Department of State:

Enclosed is a check in the amount of \$150.00 for my annual corporate filing. I realize this is late and I am due a fine. However, the filing went to my old mailing address and did not get to me until this past weekend. I realize now that it is my responsibility to make the address change. Would you please consider a reduction of this huge penalty fee. My new address and phone number are listed on the form. Thank you for your consideration.

Sincerely,

J. Richard McClure