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Jan 15 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 # K35718

(1)

1. Corporation Name

MCCOY & BARNES, INC.

Principal Place of Business

28240 LAKE INDUSTRIAL BLVD.
TAVARES FL 32778
US

Mailing Address

28240 LAKE INDUSTRIAL BLVD.
TAVARES FL 32778-9742
US



3. Date Incorporated or Qualified

09/30/1988

3a. Date of Last Report

03/13/1996

4. FEI Number

59-2897386

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MCCOY, GREGORY C.
710 AMY STREET
MT. DORA FL 32757

10. Name and Address of New Registered Agent

81 Name MCCOY, GREGORY C.

82 Street Address (P.O. Box Number is Not Acceptable)
28240 LAKE INDUSTRIAL BLVD.

83

84 City TAVARES

FL

85 Zip Code 32778

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 date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MCCOY, GREGORY C.
STREET ADDRESS 710 AMY STREET
CITY-ST-ZIP MT. DORA FL

TITLE V ☐ DELETE

NAME BARNES, ELLIS C.
STREET ADDRESS 710 AMY STREET
CITY-ST-ZIP MT. DORA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition

1.2 NAME MCCOY, GREGORY C.
1.3 STREET ADDRESS 28240 LAKE INDUSTRIAL BLVD.
1.4 CITY-ST-ZIP TAVARES, FL. 32778

2.1 TITLE V ☐ Change ☐ Addition

2.2 NAME BARNES, ELLIS C.
2.3 STREET ADDRESS 28240 LAKE INDUSTRIAL BLVD.
2.4 CITY-ST-ZIP TAVARES, FL. 32778

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 as changed, or on an attachment with an address.

SIGNATURE:

Gregory C. McCoy Gregory C. McCoy 1-8-97 352-742-8395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)