

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 09 1997 8:00am  
Secretary of State

DOCUMENT # K91521

(0)

1. Corporation Name  
MCCONDORODSON, INC.



Principal Place of Business

JOHN H. MCCONNELL  
1084 SHOCKNEY DRIVE  
ORMOND BCH FL 32174  
US

Mailing Address

JOHN H. MCCONNELL  
1084 SHOCKNEY DRIVE  
ORMOND BCH FL 32174-3325  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

MCCONNELL, JOHN H.  
1084 SHOCKNEY DR  
ORMOND BCH FL 32174

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

3. Date Incorporated or Qualified

05/26/1989

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2955864

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

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

*John Condorodis* ~~John Condorodis~~ ~~VP~~ ~~President~~ ~~4/28/97~~ ~~VOID~~

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MCCONNELL, JOHN HENRY  
STREET ADDRESS 1084 SHOCKNEY DRIVE  
CITY-ST-ZIP ORMOND BEACH FL

TITLE VT ☐ DELETE

NAME CONDORODIS, JOHN PETER  
STREET ADDRESS 800 MARVIN ROAD  
CITY-ST-ZIP ORMOND BEACH FL

TITLE S ☐ DELETE

NAME HODSON, JAMES M.  
STREET ADDRESS 1450 TAMMANY WAY  
CITY-ST-ZIP PORT ORANGE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

37 Pond Road  
Wilton, CT 06897

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:

*John Condorodis* ~~John Condorodis~~ ~~VP~~ ~~4/28/97~~ ~~904/10710-7535~~

CR2E034 (9/96)