

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 27 AM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L43294

(2)

1. Corporation Name

MCCLAIN HOLDING COMPANY

Principal Place of Business

**6806 BEACH BLVD
JACKSONVILLE FL 32216**

Mailing Address

**6806 BEACH BLVD
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1990

3a. Date of Last Report

03/14/1991

4. FEI Number

59-2987983

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Non-Registered Agent

**MCCLAIN, MCCLAIN
12631 HIDDEN CIR. E.
JACKSONVILLE FL 32225**

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 fee, if applicable

(NOTE: Registered Agent signature required when not filing)

(LAI)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	D		
	MCCLAIN, REGINAL R.		
	6806 BEACH BLVD.		
	JACKSONVILLE FL		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	DST		
	MCCLAIN CLYDE		
	12631 HIDDEN CIR. E.		
	JACKSONVILLE FL 32225		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY- ST- ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY- ST- ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.071-119.074, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95