

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L57722** (5)

1. Corporation Name

**MCGUIRE ENTERPRISES MEMORIAL 66, INC.**



Principal Place of Business

% GLENDA C. MCGUIRE  
5701 MEMORIAL HIGHWAY  
TAMPA FL 33615-5205

Mailing Address

% GLENDA C. MCGUIRE  
5701 MEMORIAL HIGHWAY  
TAMPA FL 33615-5205

3. Date Incorporated or Qualified

**03/06/1990**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

21 % Glenda C. McGuire

2a. Mailing Address

26 % Glenda C. McGuire

4. FEI Number

**59-2993430**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 6329 Saddletree Dr.

Suite, Apt. #, etc.

27 6329 Saddletree Dr.

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

City & State

23 Zephyrhills FL

City & State

28 Zephyrhills FL

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

Zip

24 33544

Country

25 Pasco

Zip

29 33544

Country

30 Pasco

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCGUIRE, GLENDA C.  
5701 MEMORIAL HIGHWAY  
TAMPA FL 33615-5205

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 6329 Saddletree Dr.

84 City

Zephyrhills

FL

85 Zip Code

33544

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

*Glenda C. McGuire*

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
P  
MCGUIRE, GLEN J III  
STREET ADDRESS  
6329 SADDLETREE DR  
CITY - ST - ZIP  
ZEPHYRHILLS FL

TITLE ☐ DELETE

NAME  
TS  
MCGUIRE, GLENDA C  
STREET ADDRESS  
6329 SADDLETREE DR  
CITY - ST - ZIP  
ZEPHYRHILLS 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Glenda C. McGuire*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

973-3555

Date

Daytime Phone #

CR2E034 (12/95)