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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90169 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L59927

1. Corporation Name
MCAN, INC.



Principal Place of Business

% R. JEFF ANDREWS

645 S.W. 48TH STREET ROAD 2901 SW 41st St
OCALA FL 34474 Apt 206

US

Mailing Address

% R. JEFF ANDREWS

645 S.W. 48TH STREET ROAD 2901 SW 41st St
OCALA FL 34474 Apt 206

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1990

4. FEI Number

59-3012845

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2901 SW 41st St

Suite, Apt. #, etc.

22 Apt 206

City & State

23 Ocala, FL

Zip

24 34474 25 USA

2a. Mailing Address

26 2901 SW 41st St

Suite, Apt. #, etc.

27 Apt 206

City & State

28 Ocala, FL

Zip

29 34474 30 USA

9. Name and Address of Current Registered Agent

ANDREWS, R. JEFF

645 S.W. 48TH STREET ROAD
OCALA FL 34474

Address
change
only

10. Name and Address of New Registered Agent

81 Name

R. Jeff Andrews

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

2901 SW 41st St, Apt 206

83

84 City

Ocala

FL

85 Zip Code

34474

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ANDREWS, R. JEFF
STREET ADDRESS 645 S.W. 48 ST ROAD
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME MCCONNAUGHAY, JAMES N.
STREET ADDRESS 2806 WALTER SCOTT
CITY-ST-ZIP TALLAHASSEE 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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2901 SW 41st St Apt 206
Ocala, FL 34474

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 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, with all other like empowered.

SIGNATURE:

R. Jeff Andrews R. Jeff Andrews

4/18/99

352-237-7519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0486439