

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

97 APR 30 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L71958

(7)

1. Corporation Name

MCRAE & COMPANY, INC.

Principal Place of Business

2851 REMINGTON GREEN CR
SUITE B
TALLAHASSEE FL 32308-3756
US

Mailing Address

% HERBERT W. MCRAE
2851 REMINGTON GREEN CIR SUITE B
TALLAHASSEE FL 32308-3740
US

2. Principal Place of Business

21 1401 MacLay Commerce Dr.

Suite, Apt. #, etc.

22

City & State

23 Tallahassee FL

Zip

24 32312-3908

Country

25 USA

2a. Mailing Address

26 P.O. BOX 12187

Suite, Apt. #, etc.

27

City & State

28 Tallahassee FL

Zip

29 32317-2187

Country

30 USA

3. Date Incorporated or Qualified

05/10/1990

3a. Date of Last Report

02/07/1996

4. FEI Number

59-3015022

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

8. Name and Address of Current Registered Agent

MCRAE, HERBERT W.
2851 REMINGTON GREEN CIRCLE
SUITE B
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

HERBERT W. MCRAE

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

1401 MacLay Commerce Dr.

83

84 City

Tallahassee

FL

85 Zip Code

32312-3908

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
officer 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

HERBERT W. MCRAE

4-29-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MCRAE, HERBERT W.
STREET ADDRESS 3230 CONSTELLATION CT.
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE
NAME MCRAE, CAROL ANN
STREET ADDRESS 3230 CONSTELLATION CT.
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 200002163012-16
1.3 STREET ADDRESS -05/02/97--01049--022
1.4 CITY-ST-ZIP ****165.00 ****165.00

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 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:

HERBERT W. MCRAE

4-29-97

904-906-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0047416

CR2E034 (9/96)