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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L72972

1. Corporation Name

MCCANDLESS HOMES, INC.

												
Principal Place of Business Mailing Address								•				
21202 OLEAN BLVD. 21202 OLEAN BLVD.								•				
UNIT: C-4			UNIT C-4 PORT CHARLOTTE FL 33952				DO NOT WRITE IN THIS SPACE					
PORT CHARLOTTE FL 33952 US			US				3. Date Incorporated or Qualifed					
		00				ļ		05/08/1990	٠.		ļ	
2 Principal E	Place of Business	2a N	Mailing Address					FEI Number	$\overline{}$	Apr	lied For	
_ ′	lace of Business	—	nailing Address					65-0186399	-	+	Applicable	
21 Suita Ant	# 010	26	Suite, Apt. #, etc.						\$8		dditional	
Suite, Apt.	#, etc.	<u> </u>	ould, Apr. #, otc.				5.	Certificate of Status Desired			uired	
City & Stat	<u> </u>	27	City & State					Flating Committee Committee			'	
	ie.	28	ony a ciale					Election Campaign Financing Trust Fund Contribution			May Be Fees	
Zip	Country		ip	Country				This corporation owes the current year Inte				
	25	-	30	¬ ′		ł		Personal Property Tax.	∏ Yes	. 1	_N° .	
24	9. Name and Address of Curre	29		'1				Name and Address of New Registered	 Agent			
	J. Name and Address of Curre	mit itegiate	rea regent	81	Na	ame			-9-			
MCC	CANDLESS, DONALD R. J											
21202 OLEAN BLVD.					St	reet Addres	is (P.	O. Box Number is Not Acceptable)				
UNIT C-4												
	RT CHARLOTTE FL 33952			83								
101	TO DATE OF THE SOURCE			84	Cit	ity		F 1	85	Zip C	ode	
								<u> </u>		- 14		
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State or familiar with, and accept the oblig	502 and 607 e of Florida. nations of S	'.1508, Florida Statutes, . Such change was auth lection 607.0505. Florida	the above orized by Statutes	e-nar the o	med corpora corporation	ation 's bo	submits this statement for the purpose of ard of directors. I hereby accept the appoir	itment a	as reg	istered	
	idraida Nior, and addept the design	,, _										
SIGNATURE	Signature, typed or printed name of registered as	gent and title if a	pplicable (NOTE: Re	gistered Ager	nt sign:	ature required w						
12.	OFFICERS A	ND DIREC	TORS	13.			Α	ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	T		☐ DELETE	1.1 TITLE					☐ Cha	inge	Addition	
NAME	MCCANDLESS, DONALD R.			1.2 NAME								
STREET ADDRESS	21202 OLEAN BLVD., UNIT C	-4		1.3 STREE	TADDE	RESS						
CITY-ST-ZIP	PORT CHARLOTTE FL			1.4 CITY-S	T-ZIP			<u></u>				
TITLE	VP		☐ DELETE	2.1 TITLE					☐ Cha	inge	☐ Addition	
NAME	SPITERI, ALYCE M.			2.2 NAME							ĺ	
STREET ADDRESS		-4		2.3 STREET	TADDE	RESS					}	
CITY-ST-ZIP	PORT CHARLOTTE FL	•	<u>.</u> .	2.4 CITY-S		\ -		e e e		•	-	
TITLE	PSD		☐ DELETE	3.1 TITLE					Cha	ange	Addition	
NAME	MCCANDLESS, JR D			3.2 NAME								
STREET ADDRESS	ALCOHOLOGICAL PILIPE CONT. CO.	-4		3.3 STREET	TADDA	RESS						
CITY-ST-ZIP	PORT CHARLOTTE FL	•		3.4. CITY- S							- }	
TITLE	1 OH OHAROTTE IC		☐ DELETE	4.1 TITLE	, 1 - E-IF				Cha	ange	Addition	
NAME				4. 2 NAME					_	-	_	
				4.2 NAME		DESC					· (
STREET ADDRESS	Í										{	
CITY-ST-ZIP			☐ DELETE	4.4 CITY-S	1-ZIP				Cha	ange	☐ Addition	
TITLE	·		.□ vereie	5.1 TITLE 5.2 NAME				•		5"	Sumon	
NAME					T 400	pree						
STREET ADDRESS	1			5.3 STREE		1						
CITY-ST-ZIP				5.4 CITY-S 6.1 TITLE	i-ZIP				Cha	nge	☐ Addition	
TITLE			☐ DELETE	,						a iye		
NAME .	_			6.2 NAME							}	
	J			63 STREET	T ADD	RESS I					,	

14. I hereby certify that the information supplied with this filing does not qualify by the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 of rustee incowered 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 or an attachment with an address, with all other his empowered.

6.4 CITY-ST-ZIP

CITY-\$T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC