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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |  |
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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # L 75185  
1. Corporation Name

McGOLDRICK AND ASSOCIATES INC

|  |  |
|--|--|
| Principal Place of Business<br>P.O. BOX 952470<br>LAKE MART FL 32795 | Mailing Address<br>P.O. BOX 952470<br>LAKE MART FL 32795 |
|--|--|

|  |                                    |
|--|------------------------------------|
| 3. Date Incorporated or Qualified<br>5-23-90 | 3a. Date of Last Report<br>4-30-97 |
|--|------------------------------------|

|   |  |  |
|---|--|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEIN Number<br>59-3014085<br>Applied For<br>Not Applicable<br>6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|--|

9. Name and Address of Current Registered Agent

McGOLDRICK, MICHAEL M  
406 WING BACK COURT  
LAKE MART FL 32796

10. Name and Address of New Registered Agent

|                                 |  |    |                      |                         |
|---------------------------------|--|----|----------------------|-------------------------|
| 81 Name<br>MICHAEL M McGOLDRICK | 82 Street Address (P.O. Box Number is Not Acceptable)<br>406 WING BACK COURT | 83 | 84 City<br>LAKE MART | 85 Zip Code<br>FL 32795 |
|---------------------------------|--|----|----------------------|-------------------------|

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                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>McGOLDRICK MICHAEL, M<br>406 WING BACK CT<br>LAKE MART FL 32796 | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | 700002263807--9<br>-08/11/97--01157--003<br>*****70.00 *****70.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | GELS KELLY L<br>406 WING BACK CT<br>LAKE MART FL 32796                 | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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 reports 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 a 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)