

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **L75185**

1. Corporation Name

MCGOLDRICK & ASSOCIATES, INC.

Principal Place of Business

P. O. BOX 952470
LAKE MARY FL 32795-2470

Mailing Address

P. O. BOX 952470
LAKE MARY FL 32795-2470

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90070 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1990

4. FEI Number

59-3014085

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 **MCGOLDRICK & ASSOC., INC**

2a. Mailing Address

26 **MCGOLDRICK & ASSOC. INC**

Suite, Apt. #, etc.

22 **1344 GRIFFIN ROAD**

Suite, Apt. #, etc.

27 **1344 GRIFFIN ROAD**

City & State

23 **LEESBURG, FL 34748**

City & State

28 **LEESBURG, FL 34748**

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCGOLDRICK, MICHAEL M
645 S 215 VAI HALLA WA
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

MCGOLDRICK, MICHAEL M

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

1344 GRIFFIN ROAD

83

LEESBURG, FL 34748

84 City

FL

85 Zip Code

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 **CEO**
MCGOLDRICK, MICHAEL M
STREET ADDRESS **406 WINGBACK CT**
CITY-ST-ZIP **LAKE MARY FL 32795**

TITLE ☒ DELETE

NAME **VP**
JONES, BARBARA
STREET ADDRESS **2404 SANDLEWOOD DRIVE**
CITY-ST-ZIP **FERN PARK FL 32730**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

CEO

MCGOLDRICK, MICHAEL M

1344 GRIFFIN RD

LEESBURG, FL 34748

☒ Change ☐ Addition

VP

HENRY, BARBARA K.

1344 GRIFFIN RD

LEESBURG, FL 34748

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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:

MCGOLDRICK, MICHAEL M
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99 352 787 1700

Date

Daytime Phone #

0520949

CR20934 (11/98)