SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L80348** **(0)**

1. Corporation Name
MCGRATH POINT DEVELOPERS, INC.

Principal Place of Business	Mailing Address
% C. GUY BATSEL 1861 PLACIDA RD. STE. 204 ENGLEWOOD FL 34223 US	% C. GUY BATSEL 1861 PLACIDA RD. STE. 204 ENGLEWOOD FL 34223 US

2. Principal Place of Business	2a. Mailing Address
21 18401 Murdock Circle	26 18401 Murdock Circle
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 Port Charlotte FL	City & State: 28 Port Charlotte FL
Zip: 24 33948 Country: 25	Zip: 29 33948 Country: 30

3. Date Incorporated or Qualified: 06/14/1990
3a. Date of Last Report: 08/14/1995
4. FEI Number: 59-3046267 ☐ 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

9. Name and Address of Current Registered Agent

BATSEL, C. GUY
% BATSEL, MCKINLEY & ITTERSAGEN, P.A.
1861 PLACIDA RD., STE. 204
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name: Michael R. McKinley
82 Street Address (P.O. Box Number is Not Acceptable): 18401 Murdock Circle
83
84 City: Port Charlotte FL 85 Zip Code: 33948

11. Pursuant to the provisions of Section 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: Michael R. McKinley 6/21/96
(Signature, typed or printed name of registered agent and title of applicable officer) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BATSEL, C. GUY 1861 PLACIDA RD. #204 ENGLEWOOD FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition 1861 Placida Road, Suite 104
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MCKINLEY, MICHAEL R. 1861 PLACIDA RD. STE. 204 ENGLEWOOD FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition 18401 Murdock Circle Port Charlotte FL 33948
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ITTERSAGEN, SCOTT D. 1861 PLACIDA RD. #204 ENGLEWOOD FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☑ Change ☐ Addition 1861 Placida Road, Suite 104
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael R. McKinley 6/21/96 9416271000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #