

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M66549** (0)
1. Corporation Name
MCCORMACK LAND DEVELOPMENT-FLORIDA, INC.

Principal Place of Business

600 5TH AVE. S.
SUITE 210
NAPLES FL 33940

Mailing Address

600 5TH AVE. S.
SUITE 210
NAPLES FL 34102-8669



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24
25
9. Name and Address of Current Registered Agent
**BRUGGER, JOHN N.
SUITE 210
600 FIFTH AVENUE SOUTH
NAPLES FL 33940**

2a. Mailing Address

26 **209 N. Beaver Street**

Suite, Apt. #, etc.

27 **P.O. Box 5047**

City & State

28 **York, Pa.**

Zip Country

29 **17405-6047** 30 **U.S.**

3. Date Incorporated or Qualified

02/01/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0087515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

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 **AS** ☐ DELETE
NAME **BRUGGER, JOHN N.**
STREET ADDRESS **600 5TH AVE. S. #210**
CITY - ST - ZIP **NAPLES FL**

TITLE **CD** ☐ DELETE
NAME **MCCORMACK, WEBSTER J.**
STREET ADDRESS **209 N BEAVER ST**
CITY - ST - ZIP **YORK PA**

TITLE **STV** ☐ DELETE
NAME **MCCORMACK, JAMES D.**
STREET ADDRESS **209 N BEAVER ST**
CITY - ST - ZIP **YORK PA**

TITLE **VD** ☐ DELETE
NAME **WILSON, RAY A.**
STREET ADDRESS **209 N BEAVER ST**
CITY - ST - ZIP **YORK PA**

TITLE **P** ☐ DELETE
NAME **MYERS, RONALD E.**
STREET ADDRESS **209 N BEAVER ST**
CITY - ST - ZIP **YORK PA**

TITLE **STV** ☐ DELETE
NAME **BRICKER, RICHARD W (AST)**
STREET ADDRESS **209 N BEAVER ST**
CITY - ST - ZIP **YORK PA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/97

717-854-7857

CR2E034 (9/96)