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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

Addition

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M67106

(8)

Mailing Address

MCCLAIN REALTY, INC.

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7P

TITLE

18125 HWY 41 NORTH 18125 US 41 NORTH SUITE 206 LUTZ FL 33549-4498 LUTZ FL 33549 US 3. Date Incorporated or Qualified 3a. Date of Last Report 01/28/1988 02/02/1996 2. Principal Place of Business Mailing Address RHEA SAME 4. FEI Number Applied For 19606 26 59-2897482 RHEA SEE DR Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired LUTZ 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FLA. FLORIDA 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 3354 US A HILLS 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCCLAIN, JOHN W. 81 Name 18125 HWY 41 N. Street Address (P.O. Box Number is Not Acceptable) #206 83 **LUTZ FL 33549** 84 City 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 DIM CLAIN DIR SIGNATURE (NOTE: Res 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE 1.1 TITLE Change MCCLAIN, JOHN W. NAME 1.2 NAME 18125 HWY 41 N. #206 STREET ADDRESS 1.3 STREET ADDRESS LUTZ FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 21 TITLE Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP □ DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address. JOHN W. McC.(A.)

GNATURE: \* John W. M. C. (A.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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

6.1 TITLE

6.2 NAME