

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:55

DOCUMENT # **M68676** (9)

1. Corporation Name
GARY MCKINLEY ENTERPRISES, INC.

Principal Place of Business: **97 RIO DR PLANTATION BAY PONTE VEDRA BCH FL 32082 US**
Mailing Address: **97 RIO DR PLANTATION BAY PONTE VEDRA FL 32082 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/12/1988**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-2874140**
Applied For: 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
State, Apt. #, etc.: 22
City & State: 23
Zip: 24, 25, 29, 30
Country: 25, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKINLEY, GARY L.
97 RIO DR
PONTE VEDRA BCH FL 32082**

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]

4/2/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **D**
NAME: **MCKINLEY, GARY L.**
STREET ADDRESS: **97 RIO DR**
CITY, ST, ZIP: **PONTE VEDRA FL**

2. TITLE: **D**
NAME: **HERBERT, TRACY M.**
STREET ADDRESS: **97 RIO DR**
CITY, ST, ZIP: **PONTE VEDRA FL**

3. TITLE: **D**
NAME: **MCKINLEY, GEORGE E.**
STREET ADDRESS: **30 SWEETCORN DR.**
CITY, ST, ZIP: **KUTZTOWN PA**

4. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

5. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

6. TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

11 TITLE: _____ Change Addition
12 NAME: _____
13 STREET ADDRESS: _____
14 CITY, ST, ZIP: _____

21 TITLE: _____ Change Addition
22 NAME: _____
23 STREET ADDRESS: _____
24 CITY, ST, ZIP: _____

31 TITLE: _____ Change Addition
32 NAME: _____
33 STREET ADDRESS: _____
34 CITY, ST, ZIP: _____

41 TITLE: _____ Change Addition
42 NAME: _____
43 STREET ADDRESS: _____
44 CITY, ST, ZIP: _____

51 TITLE: _____ Change Addition
52 NAME: _____
53 STREET ADDRESS: _____
54 CITY, ST, ZIP: _____

61 TITLE: _____ Change Addition
62 NAME: _____
63 STREET ADDRESS: _____
64 CITY, ST, ZIP: _____

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 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]

4/2/95

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