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 MAY -1 AM 8:59

DOCUMENT # M90466 (7)

1. Corporation Name
MCGILLEN'S, INC.

Principal Place of Business	Mailing Address
6036 CLARK CENTER AVE SARASOTA FL 34238-9716	6036 CLARK CENTER AVE SARASOTA FL 34238-9716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1988
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business
21 10801 Starkey Road
Suite, Apt. #, etc.
22 16
City & State
23 Largo, FL
Zip 24 34689 Country 25

2a. Mailing Address
26 10801 Starkey Road
Suite, Apt. #, etc.
27 16
City & State
28 Largo, FL
Zip 29 34689 Country 30

4. FEI Number: 59-2896213 ☐ 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

MCGILLEN, ROBERT L.
6036 CLARK CENTER AVE
SARASOTA FL 34238-9716

10. Name and Address of New Registered Agent

81 Name: McGillen, Robert L.
82 Street Address (P.O. Box Number is Not Acceptable): 10801 Starkey Road #16
83
84 City: Largo, FL 85 Zip Code: 34689

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: Robert L. McGillen 4/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	MCGILLEN, ROBERT L.	12 NAME	McGillen, Robert L.	
STREET ADDRESS	6036 CLARK CTR AVE.	13 STREET ADDRESS	10801 Starkey Road #16	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Largo, FL 34689	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	MCGILLEN, VIVIAN L.	22 NAME	McGillen, Vivian L.	
STREET ADDRESS	6036 CLARK CTR. AVE.	23 STREET ADDRESS	10801 Starkey Road #16	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	Largo, FL 34689	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(i), Florida Statutes. I further certify that the information indicated on the 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: Robert L. McGillen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0343868 CP