

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90074 006 ***150.00

DOCUMENT # M90466

1. Corporation Name
MCGILLEN'S, INC.



Principal Place of Business

**10801 STARKEY RD
STE 16
LARGO FL 34689
US**

Mailing Address

**10801 STARKEY RD
STE 16
LARGO FL 34689
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1988

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4325 S. TAMiami TRAIL
Suite, Apt. #, etc.

2a. Mailing Address

26 4325 S. TAMiami TRAIL
Suite, Apt. #, etc.

City & State

23 VENICE, FL.

City & State

28 VENICE, FL.

Zip

Country

24 34293 25 USA

Zip

Country

29 34293 30 USA

9. Name and Address of Current Registered Agent

**MCGILLEN, ROBERT L
10801 STARKEY RD
STE 16
LARGO FL 34689**

10. Name and Address of New Registered Agent

81 Name

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

4325 S. TAMiami TRAIL

83

84 City

VENICE

FL

85 Zip Code

34293

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

1-27-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D MCGILLEN, ROBERT L.**
STREET ADDRESS **10801 STARKEY RD 16**
CITY-ST-ZIP **LARGO FL 34689**

TITLE ☐ DELETE
NAME **D MCGILLEN, VIVIAN L.**
STREET ADDRESS **10801 STARKEY RD 16**
CITY-ST-ZIP **LARGO FL 34689**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **4325 S. TAMiami TRAIL**
1.4 CITY-ST-ZIP **VENICE, FL. 34293**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4325 S. TAMiami TRAIL**
2.4 CITY-ST-ZIP **VENICE, FL. 34293**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert S. W. Sullivan

1-27-99 (941) 497-2321

CR2E034 (1/98)