

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N16717 (3)**  
1. Corporation Name  
**MAJOR THOMAS B. MCGUIRE MEMORIAL FUND, INC.**

**APPROVED  
AND  
FILED**  
**95 APR 28 PM 7:07**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                     |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>09/09/1986</b>                                                                                              | 3a. Date of Last Report<br><b>05/01/1994</b>                                       |
| 4. FEI Number<br><b>59-2738282</b>                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | <b>\$0.75</b> Additional Fee Required                                              |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>                                                                  | <b>\$5.00</b> May Be Added to Fees                                                 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input checked="" type="checkbox"/>                                                            | <b>\$68.75</b> Supplemental Fee Not Required                                       |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                    |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>YOUNG, WILBUR E<br/>106 LOQUAT RD NW<br/>LAKE PLACID FL 33852-6787</b> |  |
|------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 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                      | VP                   |
| NAME                       | BEERS, KENNETH R     |
| STREET ADDRESS             | 1467 SILVER OAKS DR  |
| CITY - ST - ZIP            | AVON PARK FL         |
| TITLE                      | PD                   |
| NAME                       | WHITTON, ROY         |
| STREET ADDRESS             | 647 HOLMES AVE.      |
| CITY - ST - ZIP            | LAKE PLACID FL       |
| TITLE                      | D                    |
| NAME                       | COL SMITH, ROBERT    |
| STREET ADDRESS             | P.O. BOX 1109 N/A    |
| CITY - ST - ZIP            | LAKE PLACID FL 33852 |
| TITLE                      | SD                   |
| NAME                       | WOODERSON, W. A      |
| STREET ADDRESS             | 425 CHERRY TREE DR   |
| CITY - ST - ZIP            | SEBRING FL           |
| TITLE                      | D                    |
| NAME                       | GOMEZ, LEO           |
| STREET ADDRESS             | 5206 ROANOKE STREET  |
| CITY - ST - ZIP            | SEBRING FL           |
| TITLE                      | TD                   |
| NAME                       | YOUNG, WILBUR E.     |
| STREET ADDRESS             | 106 LOQUAT RD NW     |
| CITY - ST - ZIP            | LAKE PLACID FL       |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY - ST - ZIP                                   |                                                                   |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY - ST - ZIP                                   |                                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY - ST - ZIP                                   |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY - ST - ZIP                                   |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY - ST - ZIP                                   |                                                                   |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Wilbur E. Young*

*Wilbur E. Young Treasurer*

*4/25/95 465-0930*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #