


FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90033 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29546

1. Corporation Name
MCBRIDE HILLS ASSOCIATION, INC.

Principal Place of Business 7834 MCCLURE DRIVE TALLAHASSEE FL 32312	Mailing Address 7834 MCCLURE DRIVE TALLAHASSEE FL 32312
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2. Principal Place of Business 21 7738 McClure Dr Suite, Apt. #, etc.	2a. Mailing Address 26 7738 McClure Dr Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/05/1988
22	27	4. FEI Number 59-2934589 Applied For Not Applicable
23 City & State Tallahassee FL	28 City & State Tallahassee FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32312	25 Country US	29 Zip 32312
	30 Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MOCK, JEFF 7834 MCCLURE DRIVE TALLAHASSEE FL 32312	10. Name and Address of New Registered Agent 81 Name Marois, Jim 82 Street Address (P.O. Box Number is Not Acceptable) 7738 McClure Dr 83 84 City Tallahassee FL 85 Zip Code 32312
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE James J. Marois James J. Marois 3/31/99
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 PVD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TADLOCK, DAK		1.2 NAME Kissinger, Gary D.	
STREET ADDRESS 7698 MCCLURE DRIVE		1.3 STREET ADDRESS 7642 McClure Dr.	
CITY-ST-ZIP TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP Tallahassee, FL 32312	
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOCK, JEFF		2.2 NAME Marois, Jim	
STREET ADDRESS 7834 MCCLURE DRIVE		2.3 STREET ADDRESS 7738 McClure Dr	
CITY-ST-ZIP TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP Tallahassee, FL 32312	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOCKSETH, BUD		3.2 NAME Danello, B.	
STREET ADDRESS 7737 MCCLURE DRIVE		3.3 STREET ADDRESS 7770 McClure Dr	
CITY-ST-ZIP TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP Tallahassee, FL 32312	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: James J. Marois SIGNATURE REQUIRED Jim Marois 1/21/99 850 668 6835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)