

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000006083 (9)**

1. Corporation Name

**MCCARTY SERVICES, INC.**



Principal Place of Business

Mailing Address

**1093 A1A BEACH BOULEVARD  
ST. AUGUSTINE FL 32084**

**1093 A1A BEACH BOULEVARD  
ST. AUGUSTINE FL 32084**

3. Date Incorporated or Qualified  
**12/13/1994**

3a. Date of Last Report  
**06/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

**APPLIED FOR 3315956**

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

10. Name and Address of New Registered Agent

**MCCARTY, DORAN C  
1093 A1A BEACH BOULEVARD  
ST. AUGUSTINE FL 32084**

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 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

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 ☐ DELETE

NAME **D  
MCCARTY, DORAN C**  
STREET ADDRESS **116 DEL LAGO LANE**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ DELETE

NAME **D  
MCCARTY, GLORIA J**  
STREET ADDRESS **116 DEL LAGO LANE**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ DELETE

NAME **D  
MCCARTY, LESLIE B**  
STREET ADDRESS **507 NORTHERN AVENUE - 5**  
CITY-ST-ZIP **MILL VALLEY CA 94941**

TITLE ☐ DELETE

NAME **DIRECTOR  
JAMES GOODSON, JAMES**  
STREET ADDRESS **351 DUNSTON COURT**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ DELETE

NAME **MOORE, RON**  
STREET ADDRESS **5 GRANDVIEW RD**  
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**  
**DIRECTOR**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

**P**

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

**S**

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

**VP**

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Doran C. McCarty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DORAN C. MCCARTY**

**2/14/96**  
Date

**9044717133**  
Daytime Phone #

CR2E037 (12/95)