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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

59-3315956

Applied For

Not Applicable

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

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

TITLE D
NAME GOODSON, JAMES
STREET ADDRESS 351 DUNSTON COURT
CITY-ST-ZIP ORANGE PARK FL 35073

TITLE D
NAME MOORE, RON
STREET ADDRESS 5 GARDENVIEW RD
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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 Doran C. McCarty

3/12/98

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