

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90005 020 ****70.00

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1. Corporation Name

McCarty Services, Inc

Principal Place of Business

Mailing Address

McCarty Services Inc,
1093 AIA BEACH BOULEVARD
ST. AUGUSTINE, FL 32084

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 1093 AIA BEACH BOULEVARD

26 1093 AIA BEACH BOULEVARD

12/13/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

59-3315956

Not Applicable

City & State

City & State

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

23 ST. AUGUSTINE, FL

28 ST. AUGUSTINE, FL

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 32084

25 USA

29 32084

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORAN C. MCCARTY
1093 AIA 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 DORAN C. MCCARTY, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE

NAME ~~DORAN C. MCCARTY~~, DORAN C.

STREET ADDRESS 116 DEL LAGO LANE

CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE SD ☐ DELETE

NAME MCCARTY, GLORIA JE

STREET ADDRESS 116 DEL LAGO LANE

CITY-ST-ZIP ST. AUGUSTINE, FL

TITLE UPD ☐ DELETE

NAME MCCARTY, LESLIE B.

STREET ADDRESS 10 ARONIA LANE

CITY-ST-ZIP NOVATO, CA 94945

TITLE DIRECTOR ☐ DELETE

NAME GOODSON, JAMES

STREET ADDRESS 351 DUNSTON COURT

CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE DIRECTOR ☐ DELETE

NAME MOORE, RON

STREET ADDRESS 6 GARDEN GRANDVIEW RD

CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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: DORAN C. MCCARTY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 904431133

Date

Daytime Phone #

CR2E037 (11/98)