


**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90009 025 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N98000004435</b>					
<b>1. Corporation Name</b> <b>MCDavid ACTION COMMITTEE, INC.</b>					
<b>Principal Place of Business</b> 100 COTTON CREEK ROAD MCDAVID FL 32568			<b>Mailing Address</b> 100 COTTON CREEK ROAD MCDAVID FL 32568		

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<b>2. Principal Place of Business</b> 21		<b>2a. Mailing Address</b> 2b P.O. Box 3435 Mc David FL 32568 Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> 07/23/1998	
<b>22</b> City & State		<b>27</b> City & State		<b>4. FEI Number</b> 59-3522539	
<b>23</b> Zip Country		<b>28</b> Zip Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>24</b> Zip Country		<b>29</b> Zip Country		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>9. Name and Address of Current Registered Agent</b> WELCH, GEORGE G 100 COTTON CREEK ROAD MCDAVID FL 32568			<b>10. Name and Address of New Registered Agent</b>		
			<b>81</b> Name		
			<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
			<b>83</b>		
			<b>84</b> City <b>FL</b> <b>85</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> <b>DATE</b>					

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President Gary Welch 100 Cotton Creek Road Mc David, FL 32568	<input type="checkbox"/> DELETE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Vice President Danny Leonard 3520 Holland Road Mc David, FL 32568	<input type="checkbox"/> DELETE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Treasurer Michelle Merchant 4710 Greenwell Road Century, FL 32535	<input type="checkbox"/> DELETE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** MICHELLE MERCHANT **SIGNATURE REQUIRED** Michelle Merchant July 29, 1999 (850) 256-5278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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As of June 17, 1999 the Board of Directors for the Mc Dav

1. President Gary Welch
  2. Vice President Danny Leonard
  3. Secretary Mary Watson
  4. Treasurer Michelle Merchant
  5. Board Member Linda Yaden
  6. Board Member Tammie Simmons
  7. Board Member Patricia Worth
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