FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074103

1. Entity Name

McNEEL/PALMER CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -1 PM 3:34

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE
05-03-01 90006 007 **150.00

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
~~200 Central Avenue~~ c/o Joel B. Giles	~~P. O. Box 2861~~ c/o Joel B. Giles	59-3665952	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: Suite 2300	Suite, Apt. #, etc.:		
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL		
Zip: 33701 Country: U.S.	Zip: 33731-2861 Country: U.S.	5. Certificate of Status Desired XX	**$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joel B. Giles, Esquire

Street Address (P.O. Box Number is Not Acceptable): 200 Central Avenue, Suite 2300

City: St. Petersburg **FL** Zip Code: 33701

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Joel B. Giles, Esquire
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	Van L. McNeel	NAME	
STREET ADDRESS	5401 W. Kennedy Blvd., Suite 751	STREET ADDRESS	900005080869--1
CITY-ST-ZIP	Tampa, Florida 33609	CITY-ST-ZIP	-03/11/02--01061--011 ****758.75 ****758.75
TITLE	D	TITLE	
NAME	Clayton W. McNeel	NAME	
STREET ADDRESS	5401 W. Kennedy Blvd., Suite 751	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33609	CITY-ST-ZIP	
TITLE	D/EVP	TITLE	
NAME	Ian E. McNeel	NAME	
STREET ADDRESS	2969 Hardman Court NE	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Atlanta, GA 30305	CITY-ST-ZIP	
TITLE	D/P	TITLE	
NAME	Bruce C. Palmer	NAME	IN THIS SPACE
STREET ADDRESS	2969 Hardman Court NE	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, Georgia 30305	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Christina H. Palmer	NAME	
STREET ADDRESS	2969 Hardman Court NE	STREET ADDRESS	
CITY-ST-ZIP	Atlanta, Georgia 30305	CITY-ST-ZIP	
TITLE	V/S/T	TITLE	
NAME	Rene' M. Wood	NAME	
STREET ADDRESS	5401 W. Kennedy Blvd., Suite 751	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33609	CITY-ST-ZIP	

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Rene' M. Wood (813) 286-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #