

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90001 015 ***550.00

DOCUMENT # P0000074103

1. Entity Name
MCNEEL/PALMER CORPORATION



Principal Place of Business
2969 HARDMAN COURT, N.E.
200 CENTRAL AVENUE, SUITE 2300
ATLANTA, GA 30309

Mailing Address
C/O MVNEEL INTERNATIONAL CORP.
P.O. BOX 23887
TAMPA, FL 33623

54067686



2. Principal Place of Business
95 Bennett Street

3. Mailing Address

07012004 Chg-P CR2E034 (10/03)

City & State
Atlanta, Georgia
Zip
30309

City & State

4. FEI Number
59-3665952

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNEEL INTERNATIONAL CORPORATION
5491 W. KENNEDY BLVD. SUITE 751
5TH FLOOR
TAMPA, FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MCNEEL, VAN L
STREET ADDRESS	5401 W KENNEDY BLVD, SUITE 751
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D <input type="checkbox"/> Delete
NAME	MCNEEL, CLAYTON W
STREET ADDRESS	5401 W. KENNEDY BLVD., SUITE 751
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DEV <input type="checkbox"/> Delete
NAME	MCNEEL, IAN E
STREET ADDRESS	2969 HARDMAN COURT NE 95 Bennett St.
CITY-ST-ZIP	ATLANTA, GA 30305 30309
TITLE	DP <input type="checkbox"/> Delete
NAME	PALMER, BRUCE C
STREET ADDRESS	2969 HARDMAN COURT NE 95 Bennett St.
CITY-ST-ZIP	ATLANTA, GA 30305 30309
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PALMER, CHRISTINA H
STREET ADDRESS	2969 HARDMAN COURT NE
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	VST <input type="checkbox"/> Delete
NAME	WOOD, RENE M
STREET ADDRESS	5401 W KENNEDY BLVD, SUITE 751
CITY-ST-ZIP	TAMPA, FL 33609

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/L James E. Weldon, Jr.
STREET ADDRESS	95 Bennett St.
CITY-ST-ZIP	Atlanta, Ga 30309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James E. Weldon, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04

Date

404-442-8174

Daytime Phone #