

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00152 (9)

1. Corporation Name

MCINNIS CORPORATION



Principal Place of Business

1120 PARKER ST
P.O. DRAWER 9423
MONTGOMERY AL 36108-0423
US

Mailing Address

1120 PARKER ST
P.O. DRAWER 9423
MONTGOMERY AL 36108-2314

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/06/1983

3a. Date of Last Report

03/21/1995

4. FEI Number

63-0590869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the date.

Signature typed or printed name of registered agent and the date.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCINNIS, JOHN M. SR.
STREET ADDRESS 1120 PARKER ST.
CITY-STATE-ZIP MONTGOMERY AL ☒ DELETE

1. TITLE President
2. NAME Lucille R. McInnis
3. STREET ADDRESS 1120 Parker Street
4. CITY-STATE-ZIP Montgomery, AL 36108 ☐ Change ☒ Addition

TITLE VD
NAME MCINNIS, JOHN M. JR.
STREET ADDRESS 1120 PARKER ST.
CITY-STATE-ZIP MONTGOMERY AL ☐ DELETE

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE STD
NAME MCINNIS, LUCILLE R.
STREET ADDRESS 1120 PARKER ST.
CITY-STATE-ZIP MONTGOMERY AL ☒ DELETE

3. TITLE Secretary/Treasurer
3.2 NAME Spencer Morgan
3.3 STREET ADDRESS 1120 Parker Street
3.4 CITY-STATE-ZIP Montgomery, AL 36108 ☐ Change ☒ Addition

TITLE VD
NAME MCINNIS, TIMOTHY N
STREET ADDRESS 1120 PARKER ST
CITY-STATE-ZIP MONTGOMERY, AL 00000 ☐ DELETE

4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President

03/15/96 (33) 264-3474

CR2E034 (12/95)