

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 31 PM 1:11

DOCUMENT # P02000084333

1. Entity Name
TODD MCCRORY ENTERPRISES INC



Principal Place of Business
5800 JAMESON CIR.
PACE, FL 32571 US

Mailing Address
5800 JAMESON CIR.
PACE, FL 32571 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5300 BARRKNEAU PARK SCHOOL RD 5300 BARRKNEAU PARK SCHOOL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10172008 REIN-P CR2E098 (1/07)

City & State

MOLINE FL

City & State

MOLINE FL

4. FEI Number

63-1207958

Applied For

Not Applicable

Zip

Country

32577

Zip

Country

32577

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

MCCRORY, JOHN T
5800 JAMESON CIR.
PACE, FL 32571

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 \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MCCRORY, JOHN T
STREET ADDRESS 5800 JAMESON CIR.
CITY-ST-ZIP PACE, FL 32571

TITLE ☐ Change ☐ Addition
NAME 5300 BARRKNEAU PARK SCHOOL RD
STREET ADDRESS MOLINE FL 32577
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MCCRORY, AUDREY A
STREET ADDRESS 5800 JAMESON CIR.
CITY-ST-ZIP PACE, FL 32571

TITLE ☐ Change ☐ Addition
NAME 5300 BARRKNEAU PARK SCHOOL RD
STREET ADDRESS MOLINE FL 32577
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700137526657
STREET ADDRESS 10/31/08--01023--013 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/08 850-777-6260

Date

Daytime Phone #