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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 8:37

DOCUMENT # **P25511** **(7)**

1. Corporation Name
**MCGILL INVESTMENTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6501 17TH AVE W. L-310<br>BRADENTON FL 34209<br>US | 6501 17TH AVE W. L-310<br>BRADENTON FL 34209<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1989
3a. Date of Last Report: 02/14/1994

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 909 N. DORAL LANE | 26 909 N. DORAL LANE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 — | 27 — |
| City & State | City & State |
| 23 VENICE FLORIDA | 28 VENICE FLORIDA |
| Zip / Country | Zip / Country |
| 24 34293 / 25 MANATEE | 29 34293 / 30 MANATEE |

4. FEI Number: 65-0006848 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MCGILL, LOVE B.<br>6501 17TH AVE W, STE L-310<br>BRADENTON FL 34209 | 81 Name: JUNE E. WYNEKEN<br>82 Street Address (P.O. Box Number is Not Acceptable): 909 NORTH DORAL LANE<br>83<br>84 City: VENICE FL 85 Zip Code: 34293 |

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 607.0505, Florida Statutes.

SIGNATURE: June E. Wyneken — JUNE E. WYNEKEN PD — DATE: 5/23/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | PLEASE REMOVE | ☒ Change ☐ Addition |
| NAME | MCGILL, LOVE B. | 12 NAME | DECEASED 2/94. | |
| STREET ADDRESS | 6501 17TH AVE W, L-310 | 13 STREET ADDRESS | | |
| CITY ST ZIP | BRADENTON FL | 14 CITY ST ZIP | | |
| TITLE | S | 21 TITLE | | ☒ Change ☐ Addition |
| NAME | HOFFMAN, JOHN E. | 22 NAME | | |
| STREET ADDRESS | 900 COMMERCE BLDG | 23 STREET ADDRESS | | |
| CITY ST ZIP | FT WAYNE IN | 24 CITY ST ZIP | 46802 | |
| TITLE | TD | 31 TITLE | PRESIDENT / DIRECTOR TREASURER | ☒ Change ☐ Addition |
| NAME | WYNEKEN, JUNE E. | 32 NAME | | |
| STREET ADDRESS | 909 N. DORAL LANE | 33 STREET ADDRESS | | |
| CITY ST ZIP | VENICE FL | 34 CITY ST ZIP | 34293 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** June E. Wyneken — JUNE E. WYNEKEN — 5/23/95 — 941-493-3762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0347276 CP