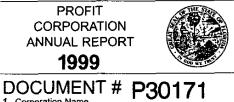
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name R.J. MCCOY, INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90084 030 \*\*\*150.00

## n karkara kar kiki bara kelik karak kerak karak di bara birik birik birik birik birik birik birik birik

								<b>ii</b> i riiii irii	
Principal Place	of Business	Mailing Address							
3207 WHEATLEY RD TALLAHASSEE FL 32310 US		3207 WHEATLEY RD TALLAHASSEE FL 32310 US				DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed 07/10/1990			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	lied For	
21		26				36-3648380		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	8.75 A		
City & State	3	City & State				6. Election Campaign Financing	\$5.00 A	Jav Be	
23		28				Trust Fund Contribution	Added to		
Zip	Country Zip Cou			ountry		This corporation owes the current year Intang     Personal Property Tax.		⊒No I	
24	9. Name and Address of Current		30			10. Name and Address of New Registered Age	ent		
5. Halle and Addiess of Guitant rogistored Agent					Name				
MCCOY, RONALD J									
3207 WHEATLEY RD				82 Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32310				83				_	
, , , , , , , , , , , , , , , , , , ,									
				84	City	FL \	35 Zip C	ode	
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									
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Age					signature requi				
12.	OFFICERS AND			3.		ADDITIONS/CHANGES TO OFFICERS AND I			
TITLE	·		TITLE		L	] Change	☐ Addition		
NAME	MCCOY, RONALD		2 NAME						
STREET ADDRESS	3207 WHEATLEY ROAD		1.3	3 STREET	ADDRESS				
CITY-ST-ZIP			4 CITY-ST	-ZIP					
TITLE	VS ☐ DELETE 2.1		1 TITLE			] Change	☐ Addition		
NAME	MCCOY, DELORES 23		2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP			4 CITY-S	T-ZIP			_		
TITLE	☐ DELETE 31		1 TITLE			] Change	☐ Addition		
NAME			3.2	2 NAME					
STREET ADDRESS			3.5	3 STREET	ADDRESS			,	
CITY-ST-ZIP			3.4	4. CITY-S	T-ZIP			_	
TITLE		☐ DEL	ETE 4.	1 TITLE			] Change	Addition	
NAME			4.	2 NAME					
			14	2 CYDEET	ADDRESS			ļ	

14. 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 annual report or suppliemental angual 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

☐ Change

☐ Addition

Addition

CR2E034 (11/98)

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