

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:38

DOCUMENT # P92000005842 (9)

1. Corporation Name

J. W. MCGEE & ASSOCIATES, INCORPORATED

Principal Place of Business

**% JOHN MCGEE
13641 S.W. 178 STREET
MIAMI FL 33177**

Mailing Address

**% JOHN MCGEE
13641 S.W. 178 STREET
MIAMI FL 33177**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1992

3a. Date of Last Report

06/10/1994

4. FEI Number

65-0375318

Applied For
 Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Taxation (Indicate by checking)

☐ \$5.00 May Be
 Added to Fees

7. This corporation has adopted the corporation law under s. 190.002

Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 350 Sevilla Ave

2a. Mailing Address

26 SAME

State, Apt. #, etc

22 100

State, Apt. #, etc

27

City & State

23 Coral Gables, FL

City & State

28

Zip

24 33134

Country

25 DADE

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MCGEE, JOHN
13641 S.W. 178 STREET
MIAMI FL 33177**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.050a, Florida Statutes.

SIGNATURE

Signature of Registered Agent or the Corporation

Signature of Registered Agent or the Corporation

(Date)

12. OFFICERS AND DIRECTORS

TITLE	0
NAME	MCGEE, JOHN
STREET ADDRESS	13641 S.W. 178 STREET
CITY, ST, ZIP	MIAMI FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. Change of Officers and Directors

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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(1)(b), 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 in each county, 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 attached page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6 126 / 95 (305) 461-4213

CR2E034 (3/95)