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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012746 (3)

ROBERT E. MCCRARY, INC.

FILED Apr 22 1998 8:00am Secretary of State



						!	
Principal Place of Business Mailing Address					1 100/1001 115 10/19 1/01 10/17 10/17 10/17 10/17 10/17 10/17 10/17 10/17		
2015 VISCON		2015 VISCONTI DR.					
JACKSONVILLE FL 32211		JACKSONVILLE FL 32211			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	
						12/16/1992	
2, Principal P	lace of Business	2a. Mailing Address				4, FEI Number Applied For	
21		26	26			59-3117373 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27	· · · · · · · · · · · · · · · · · · ·			Fee Required	
City & State		City & State	<u>├</u> ¬ ′			6. Election Campaign Financing \$5.00 May Be	
23		Zip Country			Trust Fund Contribution		
Zip	Country 25	Ζφ 29	30	ii iii y		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24	Name and Address of Currer		[30]	Ι		10. Name and Address of New Registered Agent	
MC	CRARY, ROBERT E			81	Name		
	15 VISCONTI DR.			82	Stroot Addr	ress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32211				62	Silest Addi-	ress (F.O. Box Number is Not Acceptable)	
				В3			
				84	City	85 Zip Code	
·						FL 60 20 Color	
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE							
OIGHT (TOTAL	Signature, typed or printed name of repretened as			d Age	ent signature requir	ired when reinstating) DATE	
12.		D DIRECTORS DELETE	13. 1.1 Ti	71.5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	D MCCRARY, ROBERT E		1.1 (I			C briange C Mountain	
NAME ATOSET ADADGOS	2015 VISCONTI DRIVE		•		ADDRESS		
STREET ADDRESS	JACKSONVILLE FL				T-ZIP		
CITY-ST-ZIP TITLE	- CANONICOLOR I CONTROL I	DELETE	2.1 TI		1-21	Change Addition	
NAME		2		2.2 NAME			
STREET ADDRESS			2.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	4			ity - S	ST- ZIP		
TITLE		☐ DELETE	DELETE 3.1 TITU			Change Addition	
NAME			3.2 N	AME			
STREET ADDRESS			3.3 S	TREET	ADDRESS		
CITY-ST-ZIP		The section	3.4. CITY-		ST-ZIP	Change	
TITLE	L_J DELETE		ı	4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition	
NAME			1		1000000		
STREET ADDRESS			1		ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.1 T	_	1 - 21P	Change Addition	
NAME			5.2 N			-	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					T- ZIP		
TITLE		DELETE	6.1 T			Change Addition	
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	TREFT	ADDRESS		
CITY-ST-ZIP	•				7-7IP		
4.4 Lharobu	cortify that the information supplied y	with this filing doos not qualify for	or the av	omo	tion stated in	Section 119 07(3)(i) Florida Statutes I further certify that the information	

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 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 of 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 in in attachment with an address.

964-1005