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 23 PM 1:23

DOCUMENT # **P92000013418 (8)**

1. Corporation Name
MCGLONE, INC.

Principal Place of Business
[redacted]

Mailing Address
[redacted]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/22/1992	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o Stanley Steemer	26 c/o David A. King, Atty
Suite, Apt. #, etc. 22 1145-4 Miller Street	Suite, Apt. #, etc. 27 1416 Kingsley Avenue
City & State 23 Orange Park, FL	City & State 28 Orange Park, FL
Zip 24 32073 Country 25 U.S.A.	Zip 29 32073 Country 30 U.S.A.

4. FEI Number 59-3156443 — 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 [illegible] under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
[redacted]

10. Name and Address of New Registered Agent

81 Name: David A. King
82 Street Address (P.O. Box Number is Not Acceptable): Attorney at Law
83: 1416 Kingsley Avenue
84 City: Orange Park FL 85 Zip Code: 32073

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 David A. King
Signature of new registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MCGLONE, JON B	12 NAME	
STREET ADDRESS	1339 BEAR RUN BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32065-7333	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MALLINSON, KEITH	22 NAME	
STREET ADDRESS	3045 DELLWOOD AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
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 changed, or on an attachment with an address.

SIGNATURE: X Jon B. McGlone 5-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Jon B. McGlone, President — Daytime Phone #

0401867 FP