

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000029156 (5)

1. Corporation Name

MCCARTHY INVESTMENTS, INC.



Principal Place of Business

Mailing Address

550 SCOTT DR
ORMOND BEACH FL 32174
US

P.O. BOX 37
ORMOND BEACH FL 32175
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MCCARTHY, DOUGLAS P
550 SCOTT DRIVE
ORMOND BEACH FL 32174

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

04/20/1993

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3179152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 identical applicable

NOTE: Registered Agent signature must be identical to the one on file

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
	DP	MCCARTHY, DOUGLAS P	550 SCOTT DRIVE ORMOND BEACH FL	<input type="checkbox"/> DELETE															
	DS	MCCARTHY, MARIA	550 SCOTT DRIVE ORMOND BEACH FL	<input type="checkbox"/> DELETE															
				<input type="checkbox"/> DELETE															
				<input type="checkbox"/> DELETE															
				<input type="checkbox"/> DELETE															

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. 1. TITLE	6. 2. NAME	7. 3. STREET ADDRESS	8. 4. CITY-ST-ZIP	9. 1. TITLE	10. 2. NAME	11. 3. STREET ADDRESS	12. 4. CITY-ST-ZIP	13. 1. TITLE	14. 2. NAME	15. 3. STREET ADDRESS	16. 4. CITY-ST-ZIP	17. 1. TITLE	18. 2. NAME	19. 3. STREET ADDRESS	20. 4. CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition								<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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201-1 ORANGE GROVE DR.
ORMOND Bch, FL 32174

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

(904) 676-7428

CR2E034 (12/95)