SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000031910 (1)**

1. Corporation Name

MCCUMBER GROUP, INC.

Principal Place of Business	Mailing Address
8384 BAYMEADOWS ROAD JACKSONVILLE FL 32256	8384 BAYMEADOWS ROAD JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 04/29/1993
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-3024423 — 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 liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 166 HWY A1A N.	26 830-13 HWY A1A, N.
Suite, Apt #, etc 22 SUITE 200E.	Suite, Apt #, etc 27 # 314
City & State 23 PONTE VEDRA BEACH, FL	City & State 28 PONTE VEDRA BEACH, FL
Zip 24 32082 Country 25 USA	Zip 29 32082 Country 30 USA

9. **Name and Address of Current Registered Agent**

WALTERS, MICHAEL A
50 NORTH LAURA ST.
SUITE 2200
JACKSONVILLE FL 32202

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 607.1508, 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 ______________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MCCUMBER, GARY M	
STREET ADDRESS	8384 BAYMEADOWS RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	☐ DELETE
NAME	MCCUMBER, C. LACY	
STREET ADDRESS	8384 BAYMEADOWS RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	830-13 HWY A1A N. # 314	
1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	830-13 HWY A1A N. # 314	
2.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
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		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/30/96 904-285-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #