

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000042579**
1. Corporation Name
McGILL GROUP, Inc.
P93000042579

Principal Place of Business Mailing Address
1450 NEWPOINT COMFORT RD.
ENGLEWOOD, FL 34223

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
Jan 93 **MAY 95**
4. FEI Number Applied For
65-0419690 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

9. Name and Address of Current Registered Agent
Carroll S. Barco RA
6220 South Orange Blossom Trail
Suite 194
Orlando, FL 32804

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 Signature (typed or printed name of officer, director, or registered agent) (DATE)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE 1. TITLE ☒ Change ☐ Addition
NAME **Pres.** 2. NAME **SHERRA MCGILL**
STREET ADDRESS **1450 NEWPOINT COMFORT RD.** 13. STREET ADDRESS
CITY-ST-ZIP **ENGLEWOOD, FL 34223** 14. CITY-ST-ZIP
TITLE ☐ DELETE 2. TITLE ☒ Change ☐ Addition
NAME **VICE PRESIDENT/DIRECTOR** 22. NAME **W.F. MCGILL**
STREET ADDRESS **1450 NEWPOINT COMFORT RD.** 23. STREET ADDRESS
CITY-ST-ZIP **ENGLEWOOD, FL 34223** 24. CITY-ST-ZIP
TITLE ☐ DELETE 3. TITLE ☒ Change ☐ Addition
NAME **SECRETARY** 32. NAME **SHERRA MCGILL**
STREET ADDRESS **1450 NEWPOINT COMFORT RD.** 34. STREET ADDRESS
CITY-ST-ZIP **ENGLEWOOD, FL 34223** 34. CITY-ST-ZIP
TITLE ☐ DELETE 4. TITLE ☐ Change ☐ Addition
NAME **TRES** 42. NAME **CHARLES MCGILL**
STREET ADDRESS **1450 NEWPOINT COMFORT RD.** 43. STREET ADDRESS
CITY-ST-ZIP **ENGLEWOOD, FL 34223** 44. CITY-ST-ZIP
TITLE ☐ DELETE 5. TITLE ☒ Change ☐ Addition
NAME 52. NAME
STREET ADDRESS **200001875492**
CITY-ST-ZIP **-06/25/96--01141--029**
TITLE 6. TITLE *****208.75** ☐ Change ☐ Addition
NAME 62. NAME
STREET ADDRESS
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)(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, changed, or on an attachment with an address.

SIGNATURE: **Charles McGill** 5-30-96 (941) 475-6172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)