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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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Corporation Name

P93000050323 (3) DOCUMENT #

MCKFN71F	INVESTMENT	CORPORATION

Principal Place of Business Mailing Address 2301 8TH AVE. 2301 8TH AVE. ST. JAMES FL 33956 ST. JAMES FL 33956 3. Date Incorporated or Qualified 07/13/1993 2. Principal Place of Business 2a. Mailing Address 4. FET Number 21 26 65-0424011 Suite, Apt. #, etc. Suite, Apt. #, etc 22

Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State Orty & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent

MCKENZIE, CHARLES 2301 8TH AVE. ST. JAMES CITY FL 33956

	L	<ol> <li>Name and Address of New Registered A</li> </ol>	lgent	
	81	Name		
į	82	Street Address (P.O. Box Number is Not Acceptable)	•	
	83			<del></del>
	84	City	85	Zip Code

3a. Date of Last Report

04/28/1995

Applied For

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.

tarnilar Wit	n, and accept the obligations of, Section 60	7.0505, Florida Statutes	i.	·		J
SIGNATURE _	Signature, typed or printed name of registered agent and thic	transleado (80)	HE Registered Agent signature require.	when so of the f	DATE	
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OF		BS IN 12
TITLE	D	☐ DEFFIE	1. 1 TIFLE		☐ Change	Addition
NAME	MCKENZIE, CHARLES		1.2 NAME		-	_
STREET ADDRESS	2301 8TH AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. JAMES CITY FL 33956		1.4 CITY - ST- ZIP			
TITLE		DELETE	2 1 TITLE		Change	Addition
NAME			2.2 NAME			_
STREET ADDRESS			23 STREET ADDRESS			
CITY+ST-ZIP			2.4 CITY - ST - ZIP			
TITLE		☐ DELETE	3. 1 TIILE		Change	Addition
NAME			3 2 NAME			_
STREET ADDRESS			3.3 STHEET ADDRESS			
CITY-ST-ZIP			3.4 CITY - ST - 7IP			
TiTLE		☐ DELF1E	4 1 TITLE		[] Change	Addition
NAME			4.2 NAME			_
STREET ADDRESS			4.3 STREET ADDRESS			
CFTY - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change	Addition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHTY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6 1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4.CITY_\$1.7IP			

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 13 if changed, or on an attachment with an address.

SIGNATURE: CHARLES E. Mc KENZI Ellande. M Long

22 MAR 96

941-203-5428