## 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

1996

Principal Place of Business

DOCUMENT # P93000051911 (4)

MCGUINN & MCGUIRE PUBLISHING, INC.

Mailing Address



P.O. BOX 2 Bradento		P.O. BOX 20603 BRADENTON FL 342	103		Date Incorporated or Qualified	3a. Date of Last Report
					07/21/1993	05/01/1995
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied Far
21	<b>,</b>				65-0426742	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24			Count	ry	8. This corporation has liability for in Florida Statutes Yes	intangible tax under s. 199.032, ☐ No
	9. Name and Address of Curr				10. Name and Address of New R	egistered Agent
	-		8	1 Name		
CARRO	DLL, CHRISTOPHER M			2 Street Addr	ress (P.O. Box Number is Not Acceptab	le;
480 SATURN AVE.				3		
SARAS	SOTA FL 34243		١			
			8	4 City		FL 85 Zip Code
familiar wit	to the provisions of Sections 607.05 ed agent, or both, in the State of Firth, and accept the obligations of, Section by the section of the s	oction 607.0505, Florida Statute	·S.	e named corpói rporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1. 1 TIFE	E		Change Addition
NAME	CARROLL, CHRISTOPHER M. 480 SATURN AVE.		1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS						
CITY - ST - ZIP	SARASOTA FL		1.4.0(1)	- ST - 7IP		
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NAME			3.2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		FT 05.575		-SI-ZIF		Change Addition
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NAME			4.2 NAS	i		
STREET ADDRESS				EET ADDRESS		
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NAME			5.2 NAM			
STREET ADDRESS				EET ACORESS	<u> </u>	89028
CITY-ST-ZIP		☐ DELETE		r-ST-ZIP	8000017: -04/22/96010	118MThange Addition
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NAME			6 2 NAM	_	*** <u>£DD</u> *00	
STREET ADDRESS				SELADORESS		
CITY-ST-ZIP	l		_ 64 CII	Y-ST-ZIP		07/04/1 Florida Statutos I furbos

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:

CHRISTOPHER CARROLL

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-90

941-739-4800 [Daylore Prices | 19-9]