

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

53 MAY -1 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P9400000265 (6)**

1. Corporation Name  
**MCB CORPORATION OF WEST FLORIDA**

Principal Place of Business      Mailing Address  
**14 OLD NUGENT FARM RD.  
GLOUCESTER MA 01930**      **14 OLD NUGENT FARM RD.  
GLOUCESTER MA 01930**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/30/1993**      **04/29/1994**

2. Principal Place of Business      2a. Mailing Address  
**21 1212 WASHINGTON ST.**      **26 1212 WASHINGTON ST.**

4. FEI Number      Applied For  
**58-2092329**       Not Applicable

22.      27.      5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

23. **GLOUCESTER, MA**      28. **GLOUCESTER, MA**      6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

24. **01930-1055**      25. **USA**      29. **01930-1055**      30. **USA**      8. This corporation has liability for earnings tax under C. 195.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**A.G.C. CO.  
200 SOUTH ORANGE AVE.  
2300 SUN BANK CENTER  
ORLANDO FL**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      B5 Zip Code  
**FL**

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 of the present and new registered agent (File the signature of the present registered agent separately after this filing)      Signature of the present registered agent (File this signature separately after this filing)      (A1)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       Change       Addition

TITLE	<b>D</b>
NAME	<b>BLAND, ROBERT J</b>
STREET ADDRESS	<b>14 OLD NUGENT FARM RD.</b>
CITY ST ZIP	<b>GLOUCESTER MA 01930</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
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14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

**REMITTED BY MAY 1**

14. I 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)(b), 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 full 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, not changed, or on an attachment with an address.

SIGNATURE: *Robert Bland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/95 (584) 283-2977  
Date      Phone Number