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04-28-1999 90001 011 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000022374**

1. Corporation Name
MCKIBBIN ENTERPRISES, INC.



Principal Place of Business
**10555 NW 28TH PL.
 OCALA FL 34482**

Mailing Address
**10555 NW 28TH PL.
 OCALA FL 34482**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified
03/15/1994

4. FEI Number
59-3226453

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, RONALD T
 5015 SOUTH FLORIDA AVENUE
 SUITE 310
 LAKELAND FL 33813**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **JOHN D MCKIBBIN**
 STREET ADDRESS **10555 NW 28TH PLACE**
 CITY-ST-ZIP **OCALA FL 34482**

1.1 TITLE **P John D. McKibbin** Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **10555 NW 28th Place**
 1.4 CITY-ST-ZIP **Ocala Fl. 34482**

TITLE **ST** DELETE
 NAME **MCKIBBIN, JUDY**
 STREET ADDRESS **10555 NW 28TH PLACE**
 CITY-ST-ZIP **OCALA FL 34482**

2.1 TITLE **ST Judy H. McKibbin** Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **10555 NW 28th Place**
 2.4 CITY-ST-ZIP **Ocala, Fl. 34482**

TITLE **VP** DELETE
 NAME **JOHN D MCKIBBIN**
 STREET ADDRESS **2223 PALAKLARA AVE**
 CITY-ST-ZIP **OCALA FL 33823**

3.1 TITLE **VP John D. McKibbin Jr.** Change Addition
 3.2 NAME
 3.3 STREET ADDRESS **10551 NW 28th Place**
 3.4 CITY-ST-ZIP **Ocala, Fl. 34482**

TITLE **VP** DELETE
 NAME **HARVARD D MCKIBBIN**
 STREET ADDRESS **3540 SW ARCHER RD**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

4.1 TITLE **VP Harvard D. McKibbin** Change Addition
 4.2 NAME
 4.3 STREET ADDRESS **3540 SW Archer Rd**
 4.4 CITY-ST-ZIP **Gainesville, Fl 32608**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE *Judy H. McKibbin* *Judy H. McKibbin* 4-23-99 352-402-9220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)