

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000022374**

1. Entity Name

**MCKIBBIN ENTERPRISES, INC.****FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90198 027 \*\*\*150.00

Principal Place of Business

Mailing Address

10555 NW 28TH PL.  
OCALA FL 3448210555 NW 28TH PL.  
OCALA FL 34482-2501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3226453**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P.</b>	<input type="checkbox"/> Delete
NAME	<b>JOHN D NCKIBBIN</b>	
STREET ADDRESS	<b>1055 NW 28TH PLACE</b>	
CITY-ST-ZIP	<b>OCALA FL 34482</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>MCKIBBIN, JUDY</b>	
STREET ADDRESS	<b>10555 NW 28TH PLACE</b>	
CITY-ST-ZIP	<b>OCALA FL 34482</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>JOHN D NCKIBBIN, J.A.</b>	
STREET ADDRESS	<b>10551 NW 28TH PLACE</b>	
CITY-ST-ZIP	<b>OCALA FL 34482</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HARVARD D NCKIBBIN</b>	
STREET ADDRESS	<b>3540 SW ARCHER RD</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Judy H. McKibbin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

352-402-9220

Daytime Phone #

66107411999