FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000028079 (9)

MCNEILL INNOVATIONS, INC.

FILED

97 MAY -1 PH 4: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Political Indiana de Propinsion					 				
Principal Prace of Business Mailing Address				-					•
3875 ELLINGTO TALLAHASSEE	n Boulevard South FL 32301	3875 ELLINGTON BOULE TALLAHASSEE FL 32301	3875 ELLINGTON BOULEVARD SOUTH TALLAHASSEE FL 32301						
						3. Date Incorporated or Qualified 04/13/1994	3a. Date of L 05/21/19	•	
2. Principal Pl	lace of Business	2a. Mailing Address 26				4. FEI Number 59-3235278	Applied For Not Applicable		
Suite, Apt	#, etc	Suite, Apt. #, etc.					□ \$8.	75 Additio	onal
22		27				5. Certificate of Status Desired	U F	ee Require	d
City & State	0	City & State	 			6. Election Campaign Financing \$5.00 May Be			
23		28	0.00			Trust Fund Contribution		ided to Fee	
Zip	Country	Zip	30	intry		8. This corporation has liability for in Florida Statutes	itangibie tax un ∣Yes No	der s. 199,	032,
24]	25 25 Name and Address of Curr	29 ent Registered Agent	[30]	T		10. Name and Address of New Reg			
MCN	IEILL, MARY N			81	Name				
	S ELLINGTON BOULEVARD SO	NITH			<u> </u>		- \		
	70111		82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)			
17LL	AHASSEE FL 32301			83					
				84	City		65	Zip Code	
							FL ⁸³		
11. Porsuant t	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida State ate of Florida, Such change was	utes, the a' authorize	d by	-named corp the corporal	poration submits this statement for the pution's board of directors. I hereby accept	rpose of chang t the appointme	jing its regi nt as regis	istered tered
agent La	m familiar with, and accept the ob	ligations of, Section 607.0505, F	lorida Sta	tutes).	,	,		
SIGNATURE	Stonature, typical or printed name of registered	40	STE BUILDING			red when reinstating)	DATE		
12.		AND DIRECTORS	13.	o Age	nt signature redui	ADDITIONS/CHANGES TO OFFIC		CTORS IN	12
Title	PD	DELETE	1.1 1)	TLÉ		ADDITION OF THE TOTAL OF THE	☐ Ch		Addition
NAME	MCNEILL, MARY N		1.2 N			4000023			
STREET ADORESS	5090 RED FOX RUN				ADDRESS	-05/02/	970112	2	4.
CITY-ST ZIF	TALLAHASSEE FL 32303				IT-ZIP	*****1H	5.00 **	**165	. nn
TILLE	V	DELETE	2.1 1				☐ Ch		Addition
NAME	FARRAR, ELISE M		2.2 N	AME					:
SIBEET ADORESS	5989 W.W. KELLEY ROAD		2.3 \$	2.3 STREET ADDRESS					
CHY-SI-ZIF	TALLAHASSEE FL 32311		2 4 C		ST-ZIP				
10LE	STD	DELETE	31 T	ITLE			☐ CH	ange 🗌	Addition
NAME	THOMAS, LORI E. M		32 N	AME					
STREET ADDRESS	ROUTE 4, BOX 424		335	TREET	ADDRESS				
CHY-ST-ZIP	HAVANA FL		3.4. 0	HY-	ST-ZIP				
THILE *		DELETE	4.1 T	TLE		·	☐ Cr	ange 🔲	Addition
NAME			4.21	AME	1				
STREET ADDRESS			4.3 \$	TREET	ADDRESS				
City-St-ZiP					ST-ZIP			····	
DILE		☐ DELETE	5.1 Ti	ITLE				ange 🛄	Addition
NAME			5.2 N						
STREET ADORESS			5.3 \$	TREET	ADDRESS				!
CETY - \$1 - ZVP					ST-ZIP				8 a a 32 a
TOTEE		☐ DELETE	6.1 T				□ Ct	iange 🔲	Addition
NAME			6.2 N			N.	η		
STREET ADDRESS			1		ADDRESS	ν.υ	りクイー	07	
CiTY - \$1 - 7(f)			6.4 C	ITY-S	ST-ZIP	(9)	グノし	~l]	

14. I do noreby 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.

SIGNATURE:

Daytime Phone #