


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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90009 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000030561**

1. Corporation Name  
**MCR INDUSTRIES, INC.**

Principal Place of Business 7246 55TH AVE. E. BRADENTON FL 34203 US	Mailing Address P.O. BOX 996 PALMETTO FL 34220-0996 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4805 Buckeye Rd.</b> Suite, Apt. #, etc. 22 <b>Palmetto, FL</b> City & State 23 <b>34221 Manatee</b> Zip Country 24 _____ 25 _____	2a. Mailing Address 26 _____ Suite, Apt. #, etc. 27 _____ City & State 28 _____ Zip Country 29 _____ 30 _____	3. Date Incorporated or Qualified <b>04/20/1994</b>	4. FEI Number <b>65-0482567</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MIXON, EUGENE A**  
**11300 O'NEIL ROAD**  
**PALMETTO FL 34220-0996**

10. Name and Address of New Registered Agent

81 Name <b>Mixon, Eugene A.</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>4805 Buckeye Rd.</b>	83 City <b>Palmetto</b>	84 State <b>FL</b>	85 Zip Code <b>34221</b>
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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 Eugene A. Mixon DATE 3/24/99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>MIXON, EUGENE A</b>
STREET ADDRESS	<b>2908 26TH AVE. E.</b>
CITY-ST-ZIP	<b>BRADENTON FL 34208</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>MIXON, R. EMORY</b>
STREET ADDRESS	<b>3134 47TH AVE. E. <del>11300 O'NEIL Rd.</del></b>
CITY-ST-ZIP	<b>BRADENTON FL 34203 <del>Palmetto FL 34221</del></b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>MIXON, SCOTT S</b>
STREET ADDRESS	<b>2833 48TH WAY EAST</b>
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MIXON, CAROLE P</b>
STREET ADDRESS	<b>2908 26TH AVE. E.</b>
CITY-ST-ZIP	<b>BRADENTON FL 34208</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>11300 O'NEIL Rd.</b>
2.4 CITY-ST-ZIP	<b>PALMETTO FL 34221</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Eugene A. Mixon **SIGNATURE REQUIRED** 3/24/99 941-723-0504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR20234-111081