SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGU , 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO R TATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMEN STATE
Sandra B. Mort
Secretary of St
DIVISION OF CORPO ONS

DOCUMENT # **P94000044043 (5)**

1. Corporation Name
J. MCDONALD & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1302 GEORGETOWN CIR SARASOTA FL 34232	1302 GEORGETOWN CIR SARASOTA FL 34232

3. Date Incorporated or Qualified: 06/08/1994
3a. Date of Last Report: 06/28/1995

2. Principal Place of Business
21 2165 12TH ST.
Suite, Apt. #, etc. 22
City & State 23 SARASOTA FL.
Zip 24 34237 Country 25 SARASOTA

2a. Mailing Address
26 2165 12TH ST
Suite, Apt. #, etc. 27
City & State 28 SARASOTA FL.
Zip 29 34237 Country 30 SARASOTA

4. FEI Number: 65-0512435 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MCDONALD, JIM
1302 GEORGETOWN CIR
SARASOTA FL 34232

10. Name and Address of New Registered Agent
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 Jim McDonald V.P. 6-10-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Requires signature when mailing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MCDONALD, MARCIA 1302 GEORGETOWN CIRCLE SARASOTA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRES/S/T Mc Donald MARCIA 1302 GeorgeTown Cir Sarasota Fl. 34232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V.P./ASST S/ASST/T Mc Donald Jim 1302 GeorgeTown Cir Sarasota Fl. 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jim McDonald V.P. 6-10-96 941-953-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #