

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JAN 19 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000048557 (0)

1. Corporation Name

MCKINNEY ENTERPRISES INC.

Principal Place of Business

2339 ABALONE BLVD
ORLANDO FL 32809

Mailing Address

2339 ABALONE BLVD
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/24/1994

3a. Date of Last Report

2. Principal Place of Business

21 2339 ABALONE BLVD.

2a. Mailing Address

26 2339 ABALONE BLVD

4. FEI Number

59-3255166

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32833

Country

25 ORANGE

Zip

29 32833

Country

30 ORANGE

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

9. Name and Address of Current Registered Agent

TAX BREAKS INC.
1650 SAND LAKE RD, 304
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name GERALD W. MCKINNEY II

82 Street Address (P.O. Box Number is Not Acceptable)
2339 ABALONE BLVD

83

84 City ORLANDO

FL

85 Zip Code 32833

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

Gerald W. McKinney II GERALD W. MCKINNEY

1-11-95

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME MCKINNEY, GERALD W II
STREET ADDRESS 2339 ABALONE BLVD
CITY-ST-ZIP ORLANDO FL 32809

TITLE DVT
NAME MCKINNEY, VICKY D
STREET ADDRESS 2339 ABALONE BLVD
CITY-ST-ZIP ORLANDO FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald W. McKinney II GERALD W. MCKINNEY II

1-11-95

(407) 568-7453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #