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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000055985 (3)**

1. Corporation Name

MCWHORTER ENTERPRISES, INC.

Principal Place of Business

**20 N. MILITARY TRAIL
WEST PALM BEACH FL 33415**

Main Office Address

**20 N. MILITARY TRAIL
WEST PALM BEACH FL 33415**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/27/1994** 3a. Date of Last Report

4. FEI Number: **05-0506759** 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(2)(a) Florida Statutes: Yes No

2. Principal Place of Business

21.

2b. Mailing Address

26.

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. City

25. State

29. City

30. State

9. Name and Address of Current Registered Agent

**MCWHORTER, ALTON L
20 N. MILITARY TRAIL
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5.

Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.06(1) 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 Sections 607.05(2) Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
P	MCWHORTER, ALTON L	6854 PARK LANE EAST	LAKE WORTH FL 33467
V	MCWHORTER, RANDY C	461 N.W. 42ND ST.	POMPANO BEACH FL 33064

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

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claims no liability for the information stated in Section 1190.04(1) Florida Statutes. I further certify that this information is included in this annual report or supplemental annual report as 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 for the year or term of office covered by this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

Alton L. McWhorter
ALTON L. MCWHORTER

4/17/95 407
687-2286
Tallahassee, Florida