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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortigam 🧳

Secretary of State
DIVISION OF CORPORATIONS

1997

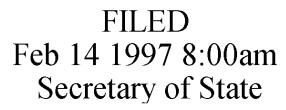
DOCUMENT # P94000056493 (7)

MCDONALDS FARM, INC.

Principal Place of Business

3869 SO. NOVA ROAD PORT ORANGE FL 32127 Mailing Address

3869 SO. NOVA ROAD PORT ORANGE FL 32127-4950





			,•		
				, , , , , , , , , , , , , , , , , , ,	3a. Date of Last Report
				07/29/1994	03/25/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26 3018 So. Peninsula Drive		re 59-3270858	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Daytona Beach Shores, FL		Tust Fund Contribution	Added to Fees
Ζιp	Country	Zip	Country	8. This corporation has liability for inta	angible tax under s. 199.032.
24	25	29 32118 3	o Volusia		∕es □ No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regis	tered Agent
GRANT, EDWARD R 81 Name George C. Scott					
3869 SO. NOVA ROAD			George C. Scott 82 Street Address (P.O. Box Number is Not Acceptable)		
PORT ORANGE FL 32127			3018 So. Peninsula Drive		
, ,	TOTAL TE SELECT		83	WATER COLUMN COL	***
			84 City	Daytona Beach Shores	FL 85 Zip Code 32118
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. Thereby accept the appointment as registered.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signal we have the proceding receive agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	President	Change Addition
NAME	GRANT, EDWARD R		1.2 NAME	George C. Scott	
STREET ADDRESS	873 HEWITT DRIVE		1.3 STREET ADDRESS	3018 So. Peninsula Drive	
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	Daytona Beach Shores, Fl	
TI'LE	ST	DELETE	2.1 TITLE	Secretary Treasurer	Change Addition
NAME	SCOTT, GEORGE C		2.2 NAME	Edward R. Grant	
STREET ADDRESS	3018 SO. PENINSULA DRIVE		2.3 STREET ADDRESS	873 Hewitt Drive	
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY~ST~ZIP		
JIJ18	TONY ON THE TE	DELETE	3.1 TITLE	Port Orange, FL	☐ Change 🔀 Addition
NAME			3.2 NAME	Director	
STREET ADDRESS			3.3 STREET ADDRESS	Jim C. Scott 3063 So. Peninsula Drive	9
				Daytona Beach, FL 32118	
CITY+ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Lay wild Deach, FI 32116	Change Addition
NAME		tal better	4.7 IIILE 4.2 NAME	,	Ondango Addition
				1	
STREET ACORESS			4.3 STREET ADDRESS		
CiTY - ST - 7IP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	 	Change Addition
TITLE		L DELLIE			
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY ST-ZIP		T DELETE	5.4 City - \$t - ZiP		Change I I debit
TIME		☐ DELETE	6.1 TITLE		Change C Addition
NAME			6.2 NAME		
STREET ADORESS		•	6.3 STREET ADDRESS]
CHY-ST-ZIP		1 21 41 220	6.4 CITY-ST-ZIP		
14. I do herel	ny certify that the information supplied	o with this filing does not qualify	for the exemption :	stated in Section 119.07(3)(i), Florida Statutes.	rurther certify that the

information indicated on this annual report or supplement Jannual 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 attrichment with an address.

SIGNATURE:

GEORGE C. Scott 1-16-97 904-761-4884