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

**PROFIT CORPORATION** ANNUAL REPORT

1998

officer or director of the corporal Block 12 or Block 13 if changed



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000078275 (2) MCCULLOUGH DEVELOPMENT, CORP. Principal Place of Business Mailing Address 3160 MCMULLEN BOOTH RD 3160 MCMULLEN BOOTH RD **SUITE 1818 SUITE 1818** DO NOT WRITE IN THIS SPACE CLEARWATER FL 34621 -CLEARWATER FL 44621 3. Date Incorporated or Qualified 10/21/1994 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3283202 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip3 3761 Country Country <sup>Zip</sup>33761 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCCULLOUGH, JAMES B 3160 MCMULLEN BOOTH RD Street Address (P.O. Box Number is Not Acceptable) **SUITE 1818** 83 CLEARWATER FL-94021 84 City 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 Signature, typed or printed nance of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE MCCULLOUGH, JAMES B NAME 1.2 NAME 3376/ 3160 MCMULLEN BOOTH RD 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change ☐ Addition 21 TITLE TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TITLE DELETE 31 TITLE 3.2 NAME NAME STREET ADDRESS 33 STREET ADDRESS City-St-ZiP 3 4. CITY-ST-ZIP Change Addition ☐ DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY-S1-ZIP DELETE 61 THLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 is supplied entral 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

or on an attachnient with an address

4/29/98

**FILED** 

May 11 1998 8:00am

Secretary of State