

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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000001317 (3)

1. Corporation Name
MCCLINTOCK FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
12213 GLENCLIFF CIRCLE TAMPA FL 33626-2541	12213 GLENCLIFF CIRCLE TAMPA FL 33626-2541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1995	
21 State, Apt. #, etc.	25	26 State, Apt. #, etc.	30	4. FEI Number 59-3292729	Applied For Not Applicable
22 City & State	27	28 City & State	31	5. Certificate of Status Desired	\$3.75 Additional Fee Required
23 Zip	29	32 Zip	33	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	30	34 Country	35	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MCCLINTOCK, RALPH C
12213 GLENCLIFF CIRCLE
TAMPA FL 33626-2541

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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: R. Clintock, PRES. DATE: 01-26-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	
NAME	MCCLINTOCK, RALPH C.	1.2 NAME	
STREET ADDRESS	12213 GLENCLIFF CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626-2541	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	
NAME	MCCLINTOCK, PEARL A.	2.2 NAME	
STREET ADDRESS	12213 GLENCLIFF CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626-2541	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: R. Clintock, PRES. DATE: 01/26/98 (813) 854-1083

CR2E034 (10/97)