

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000009461 (1)**

1. Corporation Name
B.C. MC COY, INC.



Principal Place of Business: **65 E. NASA BLVD. SUITE 204 MELBOURNE FL 32901**
Mailing Address: **65 E. NASA BLVD. SUITE 204 MELBOURNE FL 32901**

3. Date Incorporated or Qualified: **01/31/1995**
3a. Date of Last Report: **N/A**

2. Principal Place of Business: **201 3RD AVENUE**
2a. Mailing Address: **PO BOX 34186**

4. FEI Number: **593296236**
Applied For: Not Applicable

21. Suite, Apt. #, etc.:
22. Suite, Apt. #, etc.:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **INDIALANTIC, FL 32903**
28. City & State: **INDIALANTIC, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **32903** 25. Country: **USA**
29. Zip: **32903** 30. Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MC COY, BOBBY
65 E. NASA BLVD.
SUITE 204
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 85. Zip Code

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: _____ (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/TREASURER <input checked="" type="checkbox"/> DELETE
NAME	BOBBY C. MCCOY
STREET ADDRESS	201 3RD AVE.
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	BOB C. MCCOY, SR <input type="checkbox"/> DELETE
NAME	16280 Dynasty Rd
STREET ADDRESS	BROOKSVILLE 34609
CITY-ST-ZIP	VICE PRESIDENT
TITLE	WILLIAM L. MCCOY <input checked="" type="checkbox"/> DELETE
NAME	306 McCoy Street
STREET ADDRESS	Faceland, KY 41169
CITY-ST-ZIP	SECRETARY/TREASURER <input type="checkbox"/> DELETE
TITLE	MARLA S. KEEHN
NAME	201 3RD AVENUE
STREET ADDRESS	INDIALANTIC, FL 32903
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOBBY C. MCCOY
1.3 STREET ADDRESS	201 3RD AVENUE
1.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARLA S. KEEHN
4.3 STREET ADDRESS	201 3RD AVENUE
4.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **5-10-96 (407)676-3028**
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR

CR2E034 (12/95)