

**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**  
4. FEI Number: **593290236**  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **201 3RD AVENUE**  
21. Suite, Apt. #, etc.:  
22. City & State: **INDIALANTIC, FL 32903**  
23. Zip: **32903** Country: **USA**  
24. Mailing Address: **PO BOX 34186**  
26. Suite, Apt. #, etc.:  
27. City & State: **INDIALANTIC, FL**  
28. Zip: **32903** Country: **USA**  
29. 30.

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