

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000011068 (0)

1. Corporation Name

MCNATIONAL LAND CO.

Principal Place of Business

COMMERCE ROW, SUITE 7, W.I.
227 MAIN ST.
DESTIN FL 32450

Mailing Address

COMMERCE ROW, SUITE 7, W.I.
227 MAIN ST.
DESTIN FL 32450



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/07/1995

3a. Date of Last Report

First

4. FEI Number

59 331 1321

Applied For

Not Applicable

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

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

Charles D. McGinnis
Signature, typed or printed name of registered agent and title if applicable

Charles D. McGinnis

Same

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME President / Director

STREET ADDRESS Charles D. McGinnis

CITY-ST-ZIP 139 Gulf Dunes

TITLE ☐ DELETE

NAME Treasurer / Director

STREET ADDRESS Nolan R. Borden

CITY-ST-ZIP 9500 Gullane Ct.

TITLE ☐ DELETE

NAME Secretary / Director

STREET ADDRESS C. Clayton Johnson

CITY-ST-ZIP 6th & Chillicothe Sts

TITLE ☐ DELETE

NAME Director

STREET ADDRESS Susan McGinnis

CITY-ST-ZIP 139 Gulf Dunes

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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:

Charles D. McGinnis Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

Date

Daytime Phone #

CR2E034 (12/95)