

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90125 050 ***150.00

DOCUMENT # P95000018366

1. Corporation Name

MCKEAN & MCKEAN, INC.



Principal Place of Business

**11661 LABRADOR LANE
NAPLES FL 34114
US**

Mailing Address

**PO BOX 2564
MARCO ISLAND FL 33969**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1995

4. FEI Number

65-0561744

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 104 Acacia Drive

Suite, Apt. #, etc.

22

27

City & State

23 Naples, FL

City & State

Zip Country

24 34114 25 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

**MCKEAN, BARBARA
11661 LABRADOR LANE
NAPLES FL 34114**

10. Name and Address of New Registered Agent

81 Name

Kenneth A. McKean

82 Street Address (P.O. Box Number is Not Acceptable)

104 Acacia Drive

83

84 City

Naples

FL

85 Zip Code

34114

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 **Kenneth A. McKean**

Kenneth A. McKean

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PVST**

STREET ADDRESS **MCKEAN, KENNETH A**

CITY-ST-ZIP **11661 LABRADOR LN**

NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

PVST

McKean, Kenneth A.

104 Acacia Drive

Naples, FL 34114

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

941 732-7911

Daytime Phone #

CR2E034 (11/98)