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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000019493 (2)

## FILED May 02 1997 8:00am Secretary of State

MCG ENTERPRISES, LIMITED, INC.  Principal Place of Business Mailing Address 7195 W. RIVERBEND ROAD DUNNELLON FL 34433 DUNNELLON FL 34433														
										3. Date Incorporated or Qualified 03/07/1995		ate of Las 23/1990		
	Principal Pl	lace of Busi	ness	2a	. Mailing Address					4. FEI Number	,		Applied For	
21					26					59-3304993			Not Applicable	le
22	Suite, Apt				Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required		
	City & State	e		-	City & State					6. Election Campaign Financing	_		00 May Be	
23	Zip		Country	28	Zip	Co	ountry			Trust Fund Contribution			ed to Fees	-
24	21,1		25	29	2.13 	30	, con iti y			8. This corporation has liability for Florida Statutes	intangible ]] Yes		rs. 199.032,	
E.I.	g, Name and Address of Current I							10. Name and Address of New Registered Agent					-	
	GRE	GORIOU,	CHRIS G				81	Name						
			RBEND ROAD				82	Street 6	ddre	ss (P.O. Box Number is Not Acceptat	)(a)			
ļ	DUN	NELLON !	FL 34433				[ ]	Sugera	TOUIG	ss (r.o. box (quiliber is ho) Acceptat	) (B)			
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''	office or r	egistered a	gent, or both, in the State	of Flori	ida. Such change was	authoriz	ed by	the corp	oratio	ration submits this statement for the pois board of directors. I hereby acce	of the app	i changini iointment	as registered	"
ł	agent La	m familiar w	rith, and accept the obliga	ations c	of, Section 607.0505, FI	orida St	atutes	ŝ.						
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12		Signature, types	OFFICERS AND			13		in BiQ Miche	required	ADDITIONS/CHANGES TO OFFIC		DIRECT	OBS IN 12	_{8
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	Y-ST-7#P	hy certify the	at the intermation supplier	1 with t	this filing does not qual		CITY-S		aled i	in Section 119 07(3)(i), Florida Statute	s I furthe	r certify th	nat the	$\dashv$

14. I do 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.

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SYMING OFFICER OR DIRECTOR

3/20/97

(352) 795-7000 Daytin/ Phone #