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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 DEC 31 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P95000024990 (0)

1. Corporation Name

MCGRATH & WARD, INC.

Principal Place of Business

1074 SEA HAWK DRIVE  
PONTE VEDRA BEACH FL 32082

Mailing Address

PO BOX 2501  
PONTE VEDRA BEACH FL 2501

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

21 6432 Rolling Hills Dr

2a. Mailing Address

26 BOX 50533

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

593313251

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

City & State

23 NASHVILLE TN

Zip

24 37211

Country

25 USA

City & State

28 NASHVILLE TN

Zip

29 37205

Country

30 USA

9. Name and Address of Current Registered Agent

O'NEILL, KAREN B  
1109 21ST STREET NORTH  
JACKSONVILLE BEACH FL 32250

Correction →

10. Name and Address of New Registered Agent

81 Name

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

1009 21st St. North

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 this 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

Karen B. O'Neill

Karen B. O'Neill

5/7/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTD ☐ DELETE  
NAME MCGRATH, JOHN P  
STREET ADDRESS PO BOX 2501 N/A  
CITY - ST - ZIP PONTE VEDRA BEACH FL 32004-2501

TITLE PSD ☐ DELETE  
NAME WARD, JOAN D  
STREET ADDRESS 1074 SEA HAWK DRIVE  
CITY - ST - ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

REINSTATEMENT

900002046149--8

01/06/97--01/03--006

\*\*\*\$375.00 \*\*\*\$375.00

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)(b), 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]

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #