

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039930 (9)

1. Corporation Name

MCGLYNN CONSULTING COMPANY



Principal Place of Business

Mailing Address

1333 CHERRY STREET
TALLAHASSEE FL 32303

1333 CHERRY STREET
TALLAHASSEE FL 32303

2. Principal Place of Business

2a. Mailing Address

21 1967 Commonwealth Lane

26 1967 Commonwealth Lane

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Tallahassee, FL

28 Tallahassee, FL

24 Zip

Country

Zip

Country

25 Leon

29 32303

30 Leon

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/19/1995

4. FEI Number

Applied For

59-332-0551

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

MCGLYNN, KEVIN J
1333 CHERRY STREET
TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent's signature required when resigning)

Date

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME MCGLYNN, KEVIN J
STREET ADDRESS 1333 CHERRY STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST
1.2 NAME MCGLYNN, Kevin J.
1.3 STREET ADDRESS 1967 Commonwealth Lane
1.4 CITY-ST-ZIP Tallahassee, FL 32303

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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kevin J. McGlynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. McGlynn

6/17/96

904-580-4325

Date

Daytime Phone #

CR2E034 (3/96)