

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

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION.
ANNUAL REPORT
1998



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

1967 COMMONWEALTH LANE
TALLAHASSEE FL 32303
US

Mailing Address

1967 COMMONWEALTH LANE
TALLAHASSEE FL 32303
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1995

4. FEI Number

59-3320551

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCGLYNN, KEVIN J
702 SOUTH RIDE (See Address Change)
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

McGlynn, Kevin J. (Same)

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

2906 Abbotsford Way (Address Change)

83

84 City

Tallahassee

FL

85 Zip Code

32312

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

Kevin J. McGlynn
Signature typed or printed name of registered agent and title if applicable

Kevin J. McGlynn Director/President 4/29/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MCGLYNN, KEVIN J
1967 COMMONWEALTH LANE
TALLAHASSEE FL

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DP
McGlynn, Kevin J.
1967 Commonwealth Lane
Tallahassee, FL 32303

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
ST
McGlynn, Ann E.
2906 Abbotsford Way
Tallahassee, FL 32312

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

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.

SIGNATURE

Kevin J. McGlynn

Kevin J. McGlynn

Director/President 4/29/98

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