FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

	NUAL REPORT 1996	Se	ndra B. Mortham cretary of State OF CORPORATIONS				
1. Corpora		000056893					
TH	E FRED MCKAIG CORP.				I IS SUSSE LINE (ALICE STATE OF THE SECOND STA		
	ace of Business	Mailing Address					
1189 N ORMON	1189 NORTH U.S. HIGHWAY #1 1189 NORTH U ORMOND BEACH FL 32174 ORMOND BEACH				and and said sittle		
2. Principal	Place of Business			<u> </u>	3. Date Incorporated or Qualified 07/21/1995	3a. Date of Last Report	
21		2a. Mailing Address			FEI Number	Applied For	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			59-3330743	Not Applicable	
City & Sta	nte .	27		5	5. Certificate of Status Desired	\$8.75 Additional	
23		City & State	-	•	. Election Campaign Financing	Fee Required \$5.00 May Be	
Zip 24	Country	Zip	Country		Trust Fund Contribution	Added to Ecos	
	25 9. Name and Address of Cur	ent Registered &	30	°	This corporation has liability for in Florida Statutes Yes	ntangible tax under s 199,032,	
		ent registered Agent	81 Nam	10	. Name and Address of New Re	gistered Agent	
MCK	MCKAIG, FRED				arrie		
DAYT	LINDBERGH LANE ONA BEACH FL 32124		82 Stree	et Address (P	O. Box Number is Not Acceptable)	
5,111	ONA BEACH FE 32124		83				
			84 City				
11. Pursuant or register	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	les, the above named	0000		FL 85 Zip Code	
familiar wi	to the provisions of Sections 607.05 red agent, or both, in the State of Fic th, and accept the obligations of, Se	rida. Such change was authorization 607.0505, Florida Statutes	ted by the corporation	's board of di	ubmits this statement for the purpo rectors. I hereby accept the appoin	ose of changing its registered office	
	Signature, typed or printed name of registered age					as a second agont. I am	
12.	OFFICERS A	ND DIRECTORS	DTE: Registered Agent signature			DATE	
TITLE		DELETE	f. 1 TITLE	Pres	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
NAME STREET ADDRESS			1 2 NAME		McKaig	☐ Change 【 Addition	
CITY-ST-ZIP			1 3 STREET ADDRESS	1815	Lindbergh Ln		
TITLE			1.4 CITY-ST-ZIP	Dayt	ona Beach, FL 3	22124	
NAME		DELETE	2. 1 TITLE		THE DOGGILL THE	Change Addition	
STREET ADDRESS			2 2 NAME	1		C AMENGO C MODITION	
CITY-ST-ZIP			2.3 STREET ADDRESS				
TITLE		☐ DELETE	2.4 CITY-ST-ZIP 3. 1 TITLE				
NAME STREET ADDRESS			3.2 NAME			☐ Change ☐ Addition	
CITY-ST-ZIP			3.3. STREET ADDRESS				
TITLE			3.4 CITY - ST - ZIP				
NAME		DELETE	4. 1 TITLE			☐ Change ☐ Addition	
STREET ADDRESS		•	4.2 NAME				
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			İ	
TITLE NAME		DELETE	5. 1 TITLE				
STREET ADDRESS			5.2 NAME			Change Addition	
CITY-ST-ZIP			5 3 STREET ADDRESS				
THILE		F7 bereve	5.4 CITY - \$T - 2IP			1	
NAME		DELETE	6. 1 TITLE		-	Change Addition	
STREET ADDRESS			6.2 NAME			The street of th	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE: ×

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4-25-96 904-672-7234