

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000062449 (0)**

1. Corporation Name  
**M.C.T. SOUTH, INC.**



Principal Place of Business: **1101 SOUTH BELCHER ROAD LARGO FL 34641**  
Mailing Address: **1101 SOUTH BELCHER ROAD LARGO FL 34641**

3. Date Incorporated or Qualified: **08/11/1995**      3a. Date of Last Report  
4. FEI Number: **69-3336398**      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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; Country  
26, 27, 28, 29, 30: Suite, Apt. #, etc.; City & State; Zip; Country

**9. Name and Address of Current Registered Agent**

**COUGHLIN, MIKE  
1101 SOUTH BELCHER ROAD  
LARGO FL 34641**

**10. Name and Address of New Registered Agent**

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 state filer applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS  
TITLE:  DELETE  
NAME: **PTD COUGHLIN, MIKE**  
STREET ADDRESS: **1101 SOUTH BELCHER ROAD LARGO FL 34641**  
CITY-ST-ZIP: **LARGO FL 34641**  
TITLE:  DELETE  
NAME: **VSD COUGHLIN, WENDY**  
STREET ADDRESS: **1101 SOUTH BELCHER ROAD LARGO FL 34641**  
CITY-ST-ZIP: **LARGO FL 34641**  
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:  
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:

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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/21/96**      Day/Time Phone #: **813-524-1080**

CR2E034 (12/95)