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FILED

Aug 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000065354 (9)

1. Corporation Name

MCGINNIS PROPERTIES, INC.

Principal Place of Business

2801 N. PENINSULA AVENUE, APT. 1502  
NEW SMYRNA BEACH FL 32169

Mailing Address

2801 N. PENINSULA AVENUE, APT. 1502  
NEW SMYRNA BEACH FL 32169-2057



2. Principal Place of Business

21 TROPICAL BLOSSOM HONEY

2a. Mailing Address

26 O. DAVID K. MCGINNIS

Suite, Apt. #, etc.

22 106 N. RIDGEWOOD AVE.

Suite, Apt. #, etc.

27 106 N. RIDGEWOOD AVE.

City & State

23 EDGEWATER, FL 32132

City & State

28 EDGEWATER, FL 32132

Zip

24 32132

Country

25 USA

Zip

29 32132

Country

30 USA

9. Name and Address of Current Registered Agent

DUDLEY, JOSEPH P  
403 DOWNING ST.  
NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified

08/23/1995

3a. Date of Last Report

04/17/1996

4. FEI Number

APPLIED FOR 59-3451653

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME MCGINNIS, DAVID K  
STREET ADDRESS 2801 N. PENINSULA AVENUE, APT. 1502  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE DV  
NAME MCGINNIS, J. DOUGLAS  
STREET ADDRESS 3630 PIONEER TRAIL  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE DS  
NAME MCGINNIS, PATRICIA  
STREET ADDRESS 1811 PINEDALE ROAD  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE DV  
NAME MCGINNIS, DAVID J  
STREET ADDRESS 1750 AIR PARK ROAD  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 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 *Sandra B. McPham*

02/07/97 0904289027

CR2E034 (9/96)