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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000076878 (4)**

1. Corporation Name
MCKETHAN HOLDINGS, INC.

Principal Place of Business	Mailing Address
605 S. BROAD ST. BROOKSVILLE FL 34601 US	605 S. BROAD ST. BROOKSVILLE FL 34601-2862 US

3. Date Incorporated or Qualified: 10/06/1995
3a. Date of Last Report: 08/12/1996

2. Principal Place of Business
21: 11 N. Main Street
Suite, Apt. #, etc. 22:
City & State 23: Brooksville, FL
Zip 24: 34601 Country 25: US

2a. Mailing Address
26: 11 N. Main St.
Suite, Apt. #, etc. 27:
City & State 28: Brooksville FL
Zip 29: 34601 Country 30: US

4. FEI Number: 59-3340963 ☐ 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

9. Name and Address of Current Registered Agent

BUCKNER, ROBERT A.
~~605 S. BROAD ST.~~ 11 N. Main Street
BROOKSVILLE FL 34601

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCKETHAN, ALFRED A.		1.2 NAME		
STREET ADDRESS	7 ORANGE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BUCKER, ROBERT A.		2.2 NAME	11 N. Main Street	
STREET ADDRESS	605 S. BROAD STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP	Brooksville, FL	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KIMBROUGH, JAMES H.		3.2 NAME		
STREET ADDRESS	705 S. BROAD ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE F,		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BUCKNER, C.M.		4.2 NAME	801 Alamanda Dr.	
STREET ADDRESS	801 ALAMONDA DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	Largo, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Robert A. Buckner 1/13/97 Robert A. Buckner Vice President 352-796-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0442810