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

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #P95000079518

(2)

MCCARTHY INVESTMENTS OF MANATEE, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|--------------------------|
| 6118 Riverview Boulevard | 4701 Manatee Avenue West |
| Bradenton, FL 34209 | Bradenton, FL 34209 |

FILED May 06 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | The same seasons are and the same are a seasons are a season | | |
|---|--|---|---|---|-------------------------------|
| 6118 Riverview Boulevard 4701 Manatee Avenue West | | | | | |
| Bradento | on, FL 34209 | Bradenton, | FL 34209 | | |
| | • | · | | 3. Date incorporated or Qualified 3a 10/17/95 | Date of Last Report 05/01/96 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u> | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0625271 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc |), | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | · · · · · · · · · · · · · · · · · · · | 27 | | | Fee Flequired |
| City & State | • | City & State | | 6. Election Campaign Financing | \$5,00 May Be |
| Zip | Country | 28 Zip | Country | Trust Fund Contribution 8. This corporation has flability for inter- | |
| 24 | 25 | 20 | 30 | Fiorida Statutes | |
| 571 | 9. Name and Address of Curr | | | 10. Name and Address of New Registe | |
| | * * * * * *** | | 81 Name | | |
| Willia | m S. Galvano, Esqu | ire | 82 Street Add | iress (P.O. Box Number is Not Acceptable) | |
| | Manatee Avenue West | | es oneer voo | iress (F.O. box Number & Not Acceptative) | |
| Brader | nton, Florida 3420 | 5 | 63 | | |
| | | | 84 City | | 85 Zip Code |
| • | | | Oily | | FL Power |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607.1508, Florida | Statutes, the above-named cor- | poration submits this statement for the purpo | se of changing its registered |
| office of re agent. I as | egistered agent, or both, in the Sti m familier with, and accept the ob | ate of Fiorida, Such change ligations of, Section 607,05 | was authorized by the corpora 05, Florida Statutes. | ition's board of directors. I hereby accept the | appointment as registered |
| SIGNATURE | | | | | |
| | Signature, typed or parised name of registered | | (NOTE: Registered Agent signature requ | | ATE |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | DPCS | □ DELE | | | ☐ Change ☐ Addition |
| NAME | Dorothia E. McCar | | 1.2 NAME | | |
| STREET ADORESS | 6118 Riverview Bo | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Bradenton, Florid | LA 34209 ☐ DELE | 1.4 CiTY-ST-ZIP | | Change |
| TITLE | l | LJ DECE | | • | CT cuerde CT vocator |
| NAME | | | 22 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | I DELE | 2. 4 C/TY-ST-ZIP TE 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | Pro Augusta Pro Augusta |
| · · · · · · | | | 33 STREET ADDRESS | | |
| STREET ADDRESS | | | 3.4. CITY - ST-ZIP | | |
| CITY-ST-ZIP TITLE | | DELE | | | Change Addition |
| NAME | | | 4.2 NAME | $\sim k$ | |
| STREET ADORESS | li . | | 4.3 STREET ADDRESS | (1, 0, 1 | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | (6, 36, 3 | |
| TITLE | | DELE | | / /0 | Change Addition |
| NAME | | | 5.2 NAME | Ψ΄. | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | , | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | |
| MILE | | DELE | | | Change Addition |
| NAME | | | 42 NAME | 5000021786 -05/14/9701111 | 155 155 |
| STREET ADDRESS | | | 63 STREET ADDRESS | -U5/14/9/U1111 | UU4 |
| CITY - ST - ZIP | | | 64 CITY - ST - ZIP | ***165.00 | |
| 14 Ldo here | by certify that the information supp | bled with this filing does no | qualify for the exemption state | ed in Section 119.07(3)(i), Florida Statutes, III | urther certify that the |

The information included on the annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath. In a mun officer or director of the exponention or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 3 if charged. For an attachment with an excises.

Dorothia E. McCarthy, President

(941) 748-0151