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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082474 (4)

MC DEVELOPMENT, INC.

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	Princ	loa!	Place	of	Business

Mailing Address

FILED Apr 30 1998 8:00am Secretary of State



PO BOX 385 PO BOX 385 BUSHINELL FL 33513 BUSHNELL FL 33513 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 10/26/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3343698 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Žip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LACKAY, CHRISTINA L. 138 BUSHNELL PLAZA 82 Street Address (P.O. Box Number is Not Acceptable) #304 В3 **BUSHNELL FL 33513** 84 City 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, typod or printed name of registered agent and title if apphoable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE TITLE Change 1.1 TITLE NAME MOFFITT, DAVID E 1.2 NAME 316 EAST NOBLE AVENUE STREET ADDRESS 1.3 STREET ADDRESS **BUSHNELL FL 33513** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME LACKAY, CHRISTINA L 2.2 NAME STREET ADDRESS **798 FOSTER CIRCLE** 2.3 STREET ADDRESS CITY-ST-ZIP **BUSHNELL FL 33513** 2 4 C(TY-ST-Z(P DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. City-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 andress.

SIGNATURE:

422/98 352-793-59/3