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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000086903

1. Corporation Name

MCGREGOR RESERVE REALTY, INC.

25

1391-4 MEADOW PARK LANE FORT MYERS FL 33901

Principal Place of Business

1391-4 MEADOW PARK LANE FORT MYERS FL 33901

2. Principal Place of Business 21 1430 Ryal Talm

Suite, Apt. #, etc.

24

Juste 101 City & State

MALT, DAVID G

1391-4 MEADOW PARK LANE FORT MYERS FL 33901

2a. Mailing Address 26 1436 Refal Palm

Suite, Apt, #, etc.

Wite

29

9. Name and Address of Current Registered Agent

FILED Mar 09, 1999 8:00 am **Secretary of State**

03-09-1999 90082 031 ***150.00



	1	, , , , , , , , , , , , , , , , , , , ,						
				•				
		DO NOT WRITE IN THIS SPACE						
	3.	Date Incorporated or Qualifed						
	Ì	11/08/1995						
,	4.	FEI Number		Applied For				
		65-0629368		Not Applicable				
		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 owes the curre Personal Property Tax.	ır Intangible ☐ Yes ☐ No					
	10.	Name and Address of New R	legister	red Agent				
me								
		2.0. D. N. L '- M-4.4-conte	1 /214					

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.

Country

81

83 84

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re	gistered Agent signature r			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D DELETE	1,1 TITLE		Change	☐ Addition
NAME	MALT, DAVID G	1.2 NAME	000000000000000000000000000000000000000	HIM	l
STREET ADDRESS	1391-4 MEADOW PARK LANE	1.3 STREET ADDRESS	1430 Koyal talm Devore DIVE	70)
CITY-ST-ZJP	FORT MYERS FL 33901	1.4 CITY-ST-ZIP	1430 Loxal falm Source Blod ART Myers, K33919		
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	'	2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	<u> </u>	<u>. </u>	
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME		4, 2 NAME			
STREET ADDRESS		4,3 STREET ADDRESS			
CITY-ST-ZiP		4.4 CITY-ST-ZIP			
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	1975 - 1 - 1		
TITLE	☐ DELETE	6.1 TITLE		Change	Addition Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP	partify that the information supplied with this filing does not qualify for the	6.4 C/TY-ST-Z/P			

and accurate and that my signature shall have the same legal effect as if made under oath; that I am an elegal to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual report is true officer or director of the corporation or the receiver or trustee empoye officer or director of the corporation or the Block 12 or Block 13 if changed, or opper

SIGNATURE:

941-236-6724