

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000090996 (6)**

1. Corporation Name

**MCCLURE HOLDINGS, INC.**

Principal Place of Business

**530 FIFTH AVENUE DRIVE WEST  
PALMETTO FL 34221**

Mailing Address

**530 FIFTH AVENUE DRIVE WEST  
PALMETTO FL 34221-5154**



3. Date Incorporated or Qualified

**11/30/1995**

3a. Date of Last Report

**04/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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4. FEI Number

**59-3348341**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**RQAX CO.  
50 NORTH LAURA STREET  
3400 BARNETT CENTER  
JACKSONVILLE FL**

81 Name

**DUANE DURYEA**

82 Street Address (P.O. Box Number is Not Acceptable)

**4403 24th AVE E**

83

84

City **PALMETTO**

FL

85 Zip Code

**34221**

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

**DUANE DURYEA**

**4-15-97**

Signature, typed, printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**  
**MCCLURE, DANIEL P**  
STREET ADDRESS **530 FIFTH AVE. DRIVE WEST**  
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ DELETE

NAME **D**  
**MCCLURE, SCOTT L**  
STREET ADDRESS **530 FIFTH AVE. DRIVE WEST**  
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ DELETE

NAME **D**  
**MCCLURE, CORRINE A**  
STREET ADDRESS **530 FIFTH AVE. DRIVE WEST**  
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ DELETE

NAME **D**  
**MCCLURE, DANIEL C**  
STREET ADDRESS **530 FIFTH AVE. DRIVE WEST**  
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ DELETE

NAME **D**  
**SPENCER, MARY A**  
STREET ADDRESS **530 FIFTH AVE. DRIVE WEST**  
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ DELETE

NAME **D**  
**DURYEA, DUANE**  
STREET ADDRESS **530 FIFTH AVE. DRIVE WEST**  
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ DELETE

NAME **D**  
**MCCLURE, DANIEL P**  
STREET ADDRESS **530 FIFTH AVE. DRIVE WEST**  
CITY-ST-ZIP **PALMETTO FL 34221**

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

**Daniel P. McPherson** **DANIEL P. MCCLURE** 11/1/95 (only 722-4646

CR2E034 (9/96)