

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90210 031 ***150.00

DOCUMENT # P95000095922

1. Corporation Name

M & A FINANCIAL, INC.

Principal Place of Business

2030 DREW STREET

SUITE A

CLEARWATER FL 34625

Mailing Address

2030 DREW STREET

SUITE A

CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1995

4. FEI Number

59-3349284

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

33765

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

33765

Country

28

29

30

9. Name and Address of Current Registered Agent

PATEL, SANDIP I ESO
18167 US HWY 19 N.
HARBOURSIDE, SUITE 150
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

Same

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

2240 Bellear Rd. St. 160

83

84 City

Clearwater

FL

85 Zip Code

33764

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MCAULEY, H. LEE
STREET ADDRESS 171 BUENA VISTA DR., S.
CITY-ST-ZIP DUNEDIN FL 34698

TITLE VP ☐ DELETE

NAME MCAULEY, SHIRLEE L.
STREET ADDRESS 171 BUENA VISTA DR., S.
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ST ☐ DELETE

NAME HALTER, KELLEY A
STREET ADDRESS 1414 SUTTON PLACE DR.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME H. LEE MCAULEY
1.3 STREET ADDRESS 171 Buena Vista Dr. S.
1.4 CITY-ST-ZIP Dunedin, FL 34698

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME mccauley, shirlee L.
2.3 STREET ADDRESS 171 Buena Vista Dr. S.
2.4 CITY-ST-ZIP Dunedin, FL 34698

3.1 TITLE VP ☒ Change ☐ Addition

3.2 NAME HALTER, KELLEY
3.3 STREET ADDRESS 2677 Crystal Circle
3.4 CITY-ST-ZIP Dunedin, FL 34698

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 727-447-8500

Date

Daytime Phone #

CR2E034 (1/98)

0417966