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FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000012388 (0)**

1. Corporation Name
MCMO, INC.

Principal Place of Business
P O BOX 2327
BRANDON FL 33509

Mailing Address
P O BOX 2327
BRANDON FL 33509

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 401 N. Parsons Ave.
Suite, Apt. #, etc.
22 Suite 108-A
City & State
23 Brandon FL
Zip 24 33510 Country 25 USA

2a. Mailing Address
26 401 N. Parsons Ave.
Suite, Apt. #, etc.
27 108-A
City & State
28 Brandon, FL
Zip 29 33510 Country 30 USA

3. Date Incorporated or Qualified
02/08/1996

4. FEI Number
59-3362450
☐ Applied For ☐ Not Applicable

5. 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

TOWNSEND, DAVID
608 W. HORATIO STREET
TAMPA FL 33606

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature is required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	MCCURDY, THOMAS		1.2 NAME		
STREET ADDRESS	P O BOX 2327 N/A		1.3 STREET ADDRESS	401 N. Parsons Ave #108-A	
CITY-ST-ZIP	BRANDON FL 33509		1.4 CITY-ST-ZIP	Brandon FL 33510	
TITLE	D	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	BUCKNER, DEBRA		2.2 NAME		
STREET ADDRESS	P O BOX 2327 N/A		2.3 STREET ADDRESS	401 N. Parsons Ave #108-A	
CITY-ST-ZIP	BRANDON FL 33509		2.4 CITY-ST-ZIP	Brandon FL 33510	
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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: DEBRA BUCKNER JAN 05 1998

CR2E034 (10/97)