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

PROFIT. **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000014967 (9)** 

MCCABE COMPANIES, INC.

FILED

97 JUN 26 AM 6: 45

SECRETAIN OF STATE TALLAMASSEE, FLORIDA



Principal Plac	ce of Business	Maili	ng Address					
3510 METRO PARKWAY STID METRO PARKWAY FORT MYERS FL 33916 FORT MYERS FL 33916-752				523				
						3. Date tricorporated or Qualified 02/14/1996	3a. Date of L	ast Report
	Plac <b>e o</b> f Business	2s. M	2a. Mailing Address			4. FEI Number	2	Applied For
21		26				65-064817		Not Applicable
Suite, Apt.		27	·····			S. Certificate of Status Desired See Required Fee Required		
City & Stat	le	28	ity & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip	Count	ry Z	p	Count	ry	8. This corporation has liability for in	ntangible tax und	der s. 199.032.
24	[25]	29		30			Yes No	
		ess of Current Register	ed Agent		4 No.	10. Name and Address of New Reg	Istered Agent	
	CABE, JAMES B			8	1 Name			
	D METRO PARKWAY IT MYERS FL 33916				2 Street Add	dress (P.O. Box Number is Not Acceptable)		
				8	3			
				8	'			Zip Code
11. Pursuant office or i agent. La	to the provisions of Sec registered agent, or bot am familiar with, and ac	ctions 607.0502 and 607. h, in the State of Florida. cept the obligations of, S	1508, Florida Statu Such change was ection 607.0505, F	utes, the abo authorized to forida Statul	ve-named cor by the corpora es.	poration submits this statement for the pu ation's board of directors. I heroby accep	irpose of chang the appointmen	ing its registered nt as registered
SIGNATURE	Signature, typed or printed name	ne of registered agent and little if a	oplicable (NC	OTE Registered A	gent signature regu	rred when resistating)	DATE	
12.		OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE		2000022	2759	Aparion
NAME	MCCABE, JAMES			1.2 NAM		-07/01/9	701054	005
STREET ADDRESS	3510 METRO PARI			1.3 \$1RE	ET ADDRESS		.00 ***	
CITY-ST-ZIP	FORT MYERS FL 3	13916		1.4 CITY	-ST - 71P			
TITLE	VD	_	DELETE	2.1 TALE			☐ Cha	ange Addition
NAME	MCCABE, MARA N			2.2 NAME				
STREET ADDRESS	3510 METRO PARI			2.3 STREE	ET ADORESS			
CITY-ST-ZIP	FORT MYERS FL 3	3916		2 4 CITY				
TITLE	1		☐ DELETE	3 1 TITLE			∟ Cha	ange Addition
NAME				3 2 NAME				
STREET ADDRESS					ET ADORESS			
CITY-ST-ZIP	ļ		Latiere	3.4 CITY			——————————————————————————————————————	
TATLE			DELETE	4.1 TITLE	+	11	Cha	inge L. Addition
NAME				4. 2 NAM	1	$\mathcal{A}$	201	
STREET ADDRESS					ET ADDRESS		30.97	
CITY-ST-ZIP			DELETE	4.4 CHY-			[	noon Addition
TITLE			- DETELE	51 TITLE		C	Cha	inge L Addition
NAME				5.2 NAME				
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP			DELETE	54 CITY-			☐ Cha	ungo tadili
TITLE			ביי הנרנונ	61 1171.6			∟ Cna	inge 🔲 Addilion
NAME				6.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				6.4 CITY -	ST-7iP			

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.