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 # **P96000048317**

1. Corporation Name
GERALD K. MC LEAN, INC.

Principal Place of Business	Mailing Address
612 BELLEVIEW BLVD CLEARWATER FL 34616	612 BELLEVIEW BLVD CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/03/1996

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number 59-3386534	Applied For
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]		Not Applicable

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State [23]	City & State [28]

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip [24] **33756**	Country [25]	Zip [29] **33756**	Country [30]

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~MACK, RAYMOND P~~
~~2515 COUNTRYSIDE BLVD~~
~~SUITE B~~
~~CLEARWATER FL 33763~~

10. Name and Address of New Registered Agent

[81] Name GERALD K. McLEAN
[82] Street Address (P.O. Box Number is Not Acceptable)
[83] 612 BELLEVIEW BLVD.
[84] City CLEARWATER FL [85] Zip Code 33756

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 (X) *Gerald K McLean* Gerald K McLean   (X) 4-14-99 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PSD**	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME **MC LEAN, GERALD K**		1.2 NAME		
STREET ADDRESS **612 BELLEVIEW BLVD**		1.3 STREET ADDRESS		**33756**
CITY-ST-ZIP **CLEARWATER FL 34616**		1.4 CITY-ST-ZIP		
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		
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, with all other like empowered.

SIGNATURE (X) *Gerald K McLean* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X) 4-14-99 Date   (X) 827 441-3168 Daytime Phone #

CR2E034 (11/98)