


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

FILED
Apr 03 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000092189 (5)
 1. Corporation Name
MCDONALD SERVICES, INC.



| | |
|--|--|
| Principal Place of Business 3262 TAOS COURT ORLANDO FL 32829 | Mailing Address 3262 TAOS COURT ORLANDO FL 32829 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 4260 Rocky Ridge Pl | 2a. Mailing Address 26 4260 Rocky Ridge Pl. |
| City & State 23 Sanford, FL | City & State 28 Sanford, FL |
| Zip 24 32773 | Country 25 USA |
| Zip 29 32773 | Country 30 USA |

| | | |
|---|---------------------------------------|---|
| 3. Date Incorporated or Qualified 11/08/1996 | 4. FEI Number 59-3409935 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent MCDONALD, JOHN C 3262 TAOS CT ORLANDO FL 32829 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| | | 85 Zip Code FL | |

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 required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE PSTD | <input type="checkbox"/> DELETE |
| NAME MCDONALD, JOHN CARL | |
| STREET ADDRESS 3262 TAOS COURT | |
| CITY-ST-ZIP ORLANDO FL 32829 | |
| TITLE VD | <input type="checkbox"/> DELETE |
| NAME CRUTCHFIELD, RICHARD MICHAEL | |
| STREET ADDRESS 2019 ALBERT LEE PKWY | |
| CITY-ST-ZIP WINTER PARK FL | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE PC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME McDonald, John Carl | |
| 1.3 STREET ADDRESS 3262 Taos Court | |
| 1.4 CITY-ST-ZIP Orlando, FL 32829 | |
| 2.1 TITLE VTSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME Crutchfield, Richard Michael | |
| 2.3 STREET ADDRESS 4260 Rocky Ridge Place | |
| 2.4 CITY-ST-ZIP Sanford, FL 32773 | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *John McDonald* / *John McDonald* 3/25/98 (407) 741-9212

CR2E034 (10/97)