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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

P96000097755 (8)

MCCOY FINANCIAL ADVISORS, INC.

Principal Place of Business	Mailing Address			
1250 W. EAU GALLIE BLVD. STE D MELBOURNE FL 32935	1250 W. EAU GALLIE BLVD STE D MELBOURNE FL 32995) .	DO NOT WRITE IN THI	IS SPACE
US	US		3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		11/25/1996 4. FEI Number	Applied For
21/301 EAUGALLE BLUD	26 1301 EAU	GALLIKOL	-UD 59-3414895	Not Applicable
Sulte, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27 4 / 0 6			Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country Country	Zip	Country	8. This corporation owes or has paid the o	K :
24 62737 25	29 30	0	Personal Property Tax due June 30.	Yes 🗌 No
g, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
JONES, RICHARD O		2	TERMY E MCCOY	
1250 W. EAU GALLIE BLVD. Suite j		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	WO 4/06
MELBOURNE FL 32935		83	7-1 67.0 07.0.7 2	
		84 City .4.		85 Zip Code
			rounne, F	L 32535
 Pursuant to the provisions of Sections 607 0502 office or registered eyent, or both, in the State of 	l Florida. Such change was autl	horized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ar	of changing its registered population
agent. I am amiliar with, and accept the obligate	ons of, Section 607.0505, Floric	da Statutes.		1/22
SIGNATURE Sometime, graph or printed name of registered agent.	and title if applicable (NO1E: F	legistered Agent signature requir	ired when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
THTLE D	☐ DELET e	1.1 TITLE	0 <u>P</u>	Change
NAME MCCOY, JERRY E		1.2 NAME	THE ISMU CALLEY BL	UP #106
STREET ADDRESS 1250 W EAU GALLIE BLVD STI	נט	1.3 STREET ADDRESS	301 EAN GALLIE BL	735
CITY-ST-ZIP MELBOURNE FL 34	DELETE	1.4 City - St - ZiP 2.1 Title	<u> </u>	☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-\$T-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 TITLE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	occur	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	DELETE	5.4 CITY-ST-ZIP		Change T 4440
TITLE NAME	€ Acrete	6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-S1-ZIP		6.3 STREET AUDITESS		
14. hereby certify that the information supplied with	this filing does not qualify for the		Section 119 07(3)(i) Florida Statutes Uturther i	certify that the information

indicated on this annual report or supplemental arrival 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 in chaptered, or or an attachment with an address.

JAN 14 1998 1/02 255-8201

FILED

Jan 22 1998 8:00am

Secretary of State