


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90130 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000012878

1. Corporation Name

MCFROGG CORP.

Principal Place of Business 22811 BACK BEACH ROAD SUITE 43 PANAMA CITY BEACH FL 32413	Mailing Address 22811 BACK BEACH ROAD SUITE 43 PANAMA CITY BEACH FL 32413
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 22811 PANAMA CITY BCH. RD.		2a. Mailing Address 27 P.O. Box 7457		3. Date incorporated or Qualified 02/07/1997	
Suite, Apt. #, etc. 22 SUITE 43		Suite, Apt. #, etc. 27		4. FEI Number 59-3432504	
City & State 23 PANAMA CITY BCH., FL.		City & State 28 PANAMA CITY BCH., FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32413		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 32413		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SAMUELS, CYNTHIA
7121 W HWY 98
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

81 Name **DWIGHT C. MCKAY**
 82 Street Address (P.O. Box Number is Not Acceptable)
22811 PANAMA CITY BCH. PKWY.
 83 **SUITE 43**
 84 City **PANAMA CITY BCH., FL** 85 Zip Code **32413**

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

3/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, DWIGHT C	1.2 NAME	
STREET ADDRESS	22811 BACK BEACH ROAD, SUITE 43	1.3 STREET ADDRESS	22811 PANAMA CITY BCH. PKWY., SUITE 43
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUBERT, GREG L	2.2 NAME	
STREET ADDRESS	22811 BACK BEACH ROAD, SUITE 43	2.3 STREET ADDRESS	22811 PANAMA CITY BCH. PKWY., SUITE 43
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 **850 233 5558**
 Date Daytime Phone

CR2E034 (11/98)