

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000013591 (7)
 1. Corporation Name
CHRISTOPHER J. MACQUARRIE, P.A.



Principal Place of Business 2303 S.E. 17TH STREET SUITE 201 OCALA FL 34471-9109	Mailing Address P.O. DRAWER 1088 OCALA FL 34478-1088
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 409 S.E. Fort King Street Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Ocala, Florida	27 City & State
24 34471 Zip Country 25 USA	29 Zip Country 30

3. Date Incorporated or Qualified 02/11/1997	4. FEI Number 59-3424658	Applied For <input type="checkbox"/> Not Applicable
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 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

9. Name and Address of Current Registered Agent
MACQUARRIE, CHRISTOPHER J
2303 S.E. 17TH STREET SUITE 201 OCALA FL 34471-9109

10. Name and Address of New Registered Agent
 81 Name **Christopher J. MacQuarrie**
 82 Street Address (P.O. Box Number is Not Acceptable)
409 SE Fort King Street
 83
 84 City **Ocala** FL 85 Zip Code **34471**

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, 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 provisions of Section 607.0508, Florida Statutes.
 SIGNATURE **Christopher J. MacQuarrie** DATE **4/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPST	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MACQUARRIE, CHRISTOPHER J		1.2 NAME	
STREET ADDRESS 2303 SE 17TH ST, STE 201		1.3 STREET ADDRESS 409 SE Fort King Street	
CITY-ST-ZIP OCALA FL 34471-9109		1.4 CITY-ST-ZIP Ocala, Florida 34471	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, on the attachment with an address.
 SIGNATURE **Christopher J. MacQuarrie, President** DATE **4/30/98** TEL **352-351-8000**

CP2E034 (10/97)