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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

Mar 25 1998 8:00am

Secretary of State

Change

Change

Addition

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000023883** (6)

MCILVAIN ENTERPRISES, INC.

2225 FOREST BLVD 2225 FOREST BLVD. JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For P.O. Box 59-3440363 19233 21 26 Not Applicable Suite, Apt. #, etc. Suite. Ant. #. etc \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Jacksonville 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 32245-9233 30 Yes Yes 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LALLY, W K 6160 ARLINGTON EXPRESSWAY 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32246 83 Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE LALLY, W K 1.2 NAME CR2E034 NAME 6160 ARLINGTON EXPRESSWAY STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME

14. Thereby 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: Allonda M Mallouri 3-11-92

DELETE

DELETE