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

FILED Apr 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000026734 (8) **DOCUMENT #** MCDC HOLDING, INC. Principal Place of Business Mailing Address 4314 PABLO OAKS CT 4314 PABLO OAKS CT JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59 -3440181 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campalon Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE 82 SUITE 3000 MIAMI FL 33131 83 35500 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE Tanya Pederson 4314 Pablo Caks Court BARBOUR, GREGORY J 1.2 NAME NAME 9250 BAYMEADOWS ROAD, SUITE 4 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32256 Jacksonville FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 1 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Addition DELETE 4.1 TITLE Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

63 STREET ADDRESS

904-992-9750

64 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.

STREET ADDRESS

SIGNATURE: CONYO

CITY-ST-ZIP