

AMOUNT DUE ON OR BEFORE 09/13/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$1000)

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000030006**

1. Corporation Name

**MCGINNIS MANAGEMENT, INC.**

Principal Place of Business  
2071 MICHIGAN AVENUE N.E.  
ST. PETERSBURG FL 33703

Mailing Address  
2071 MICHIGAN AVENUE N.E.  
ST. PETERSBURG FL 33703

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90012 016 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1997

4. FEI Number

59-3436110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MCGINNIS, GLENN M**  
2071 MICHIGAN AVENUE N.E.  
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE  
NAME **MCGINNIS, LYNN M**  
STREET ADDRESS **2071 MICHIGAN AVENUE N.E.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **President** ☐ DELETE  
NAME **GLENN M. MCGINNIS**  
STREET ADDRESS **2071 Michigan Ave N.E.**  
CITY-ST-ZIP **St. Petersburg FL 33703**

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)