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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700064768 (9)

FILED Jan 16 1998 8:00am Secretary of State

MCNEH	L AND COX, INC.	•		
Principal Plac	e of Business	Mailing Address		- I SANIVARI II ONIN MARIN ADDIN ODIN ODIN ODIN ODIN ODIN ODIN ODIN
4500 OLDE PLANTATION PL. 4500 OLDE PLANTATION			ኒ.	
DESTIN FL 32541 DESTIN FL 32541				DO NOT WORK IN TURN ORACE
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				07/18/1997
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3463077 360372 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		SQ 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stal	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Currer		30	Personal Properly Tax due June 30. Yes No 10, Name and Address of New Registered Agent
RUNNELS, DAVAGE J III 81 Namo				IV. Hama and Address of New Registered Agent
1234 AIRPORT RD., STE. 205 DESTIN FL 32541				
			82 Street Addre	ess (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 co				poration submits this statement for the purpose of changing its registered
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			our cratatop.	
GIGHARONE	Signature typed or printed name of registered agr		Rogistered Agent signature require	ed when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D MCNEIL, BEVERLY	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	4502 OLDE PLANTATION PL.		1.2 NAME	
STREET ADDRESS	DESTIN FL 32541		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	D'	DELETE	1.4 CITY-ST-7IP	
NAME	COX, PATRICIA	L DELETE	21 TITLE	L Change L Addition
STREET ADDRESS	4500 OLDE PLANTATION PL.		2.2 NAME	
<u> </u>	DESTIN FL 32541		2.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	2. 4 CHY-S1-ZIP 3.1 TITLE	. Change Addition
NAME			3.2 NAME	, La Chango La Addition
STREET ADDRESS			3 3 STREET ADDRESS	
City-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	. –
STREET ADDRESS			4.3 STREFT ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELET e	51 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-SI-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			0.3 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 recovery 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.

CONSTUDE. DATAGE OF TO PROSE VINE DOES INTIME DATE IN IN CON 1/2/20/850/837-5/31