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May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000073985 (8)

1. Corporation Name

MCGLOTHLIN ASSOCIATES, INC.

Principal Place of Business

8652 NAVARRE PKWY #107  
NAVARRE FL 32566

Mailing Address

8652 NAVARRE PKWY #107  
NAVARRE FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

2. Principal Place of Business

2a. Mailing Address

21 8668 NAVARRE PKWY

26 8668 NAVARRE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #107

27 #107

City & State

City & State

23 NAVARRE FL

28 NAVARRE FL

Zip

Zip

Country

Country

24 32566

25 SANTA ROSA

29 32566

30 SANTA ROSA

9. Name and Address of Current Registered Agent

NEWMAN, RAYMOND F JR.  
150 EGLIN PKWY NE  
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name

LARRY W. MCGLOTHLIN  
8652 NAVARRE PKWY, #107

82

83

84 City

NAVARRE

FL

85

Zip Code

32566

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President  
NAME LARRY W. MCGLOTHLIN  
STREET ADDRESS 8652 NAVARRE PARKWAY, #107  
CITY-ST-ZIP NAVARRE FL 32566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, or on an attachment with an address.

CR2E034 (10/97)