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

Mailing Address

NAVARRE FL 32566

2a. Mailing Address

Suite, Apt. #, etc.

STE 107

26

8668 NAVARRE PKWY

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90204 046 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

08/26/1997 4. FEI Number

59-3472586

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073985

Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

8668 NAVARRE PKWY

NAVARRE FL 32566

STE 107

MCGLOTHLIN ASSOCIATES, INC.

27					5. Certificate of Status Desired	Fee F	Required	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	7
3					Trust Fund Contribution		to Fees	
Zip				ntry	8. This corporation owes the current year	ar Intangible		7
24	25	29	30		Personal Property Tax.	∐Yes	□No	1
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent]
NEMERAL DAVISOND E ID				81 Name				1
NEWMAN, RAYMOND F JR. 150 EGLIN PKWY NE FT WALTON BEACH FL 32548				82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)			\dashv
				02 Sileer Au	Officer Address (1.0. Box Humbon to Net Albertalis)			
				83				7
						los Zin	Codo	4
				84 City	!	FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	tutes, the a	bove-named co	rporation submits this statement for the purpos	se of changing it	s registered	7
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change wa	s authorized	l by the corpora	ation's board of directors. I hereby accept the a	ppointment as r	egistered	
=	in lamilar with, and accept the obligation	113 01, 36011011 007.0303,	i ionoa otati	3103.				Ì
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (N	OTE: Registered	Agent signature requ	uired when reinstating) DAT	Ē		J 🙃
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICER	ES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 Π	TLE		Change	Addition	(11/98)
NAME	MCGLOTHLIN, LARRY W		1.2 NA	ME				
STREET ADDRESS 8652 NAVARRO PARKWAY, #107			1.3 ST	REET ADDRESS				E034
CITY-ST-ZIP	NAVARRE FL 32566		1.4 CF	TY-ST-ZIP				_ გ
TITLE		☐ DELETE	2.1 TT	rue .		Change	e Addition	i] C
NAME			2.2 N	ME				ł
STREET ADDRESS			2.3 ST	REET ADDRESS				
CITY-ST-ZIP			2.4 C	ITY-ST-ZIP]
TITLE		DELETE	3.1 TF	rl£		☐ Change	Addition	า
NAME			3.2 N/	WE				
STREET ADDRESS			3.3 \$1	REET ADDRESS				-{
CITY-ST-ZIP			3.4. C	TY-ST-ZIP				1
TITLE	2	DELETE	4.1 TI			☐ Change	e	า
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET ADDRESS				ı
CITY-ST-ZIP	-		4.4 CI	TY-ST-ZIP				+- -
TITLE		☐ DELETE	5.1 Π	TLE		Change	Addition	์ โ
NAME			5.2 N	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP			5.4 Cf	TY-ST-ZIP				
TITLE		☐ DELETE	6.1 TT	TLE .		Change	Addition	ī
NAME`	·		6.2 N	WE				
STREET ADDRESS			6.3 \$1	REET ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP				}
14. I hereby o	certify that the information supplied with	this filing does not qualify	for the exe	mption stated in	n Section 119.07(3)(i), Florida Statutes. I furthe	r 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 with all other like empowered.