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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000015064**1. Corporation Name

MCINRITCH VENTURES, INC.

May 08, 1999 8:00 am Secretary of State

05-08-1999 90044 005 ***150.00



Principal Place	o of Rusiness	Mailing Address					
324 VAIL DRIVE		324 VAIL DRIVE SOUTHEAS					
WINTER HAVEN		WINTER HAVEN FL 33884				DO NOT WEITT IN THE SPACE	
					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 02/16/1998	
2 Dringing D	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
	ace of business	26	¬			59 - 3500981 Not Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.			- \$8.75 Additional	
22	· · · · · · · · · · · · · · · · · · ·	27]			5. Certificate of Status Desired Fee Required	
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour			8. This corporation owes the current year Intangible Personal Property Tax.	
24	D. Norman and Address of Current	Pagistared Agent	30	_		Personal Property Tax.	
	9. Name and Address of Current	vañiztaian wâgur		81	Name		
	HIE, H ele n M						
	VAIL DRIVE SOUTHEAST			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
WINT	TER HAVEN FL 33884			83			
				84	City	■ 85 Zip Code	
					•	FL 80 245 6333	
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida State	utes			
SIGNATURE		•				required when rejestating) DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND	<u> </u>	13.	Agen	t signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 70	ΓLE		Change Addition	
NAME	RITCHIE, HELEN M		1.2 NAME				
STREET ADDRESS	324 VAIL DRIVE SOUTHEAST		1.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		1.4 CI	TY- \$1	Γ-ZIP		
TITLE	D	☐ DELETE	2.1 TI	TLE		☐ Change ☐ Addition	
NAME	RITCHIE, FRANCIS X		2.2 N	ME			
STREET ADDRESS	324 VAIL DRIVE SOUTHEAST		2.3 \$1	REET	ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884				T-ZIP	Change Addition	
TITLE		☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 N				
STREET ADDRESS					ADDRESS	§	
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
TITLE		Occure	4.1 II				
NAME STREET ADDRESS					ADDRESS		
STREET ADDRESS			4.4 CI			1	
CITY-ST-ZIP		☐ DELETE	5.1 TI			☐ Change ☐ Addition	
NAME			5.2 N/				
STREET ADDRESS			5.3 S	REET	ADDRESS	3	
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP		
TITLE		☐ DELETE	6 1 TI	TLE	i	☐ Change ☐ Addition	
NAME			6 2 N	AME			
STREET ADORESS			6.3 S	TREE	ADDRESS	s	
			640	TY-S	T_7!P	1	

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 air address, with all other like empowered.

SIGNATURE: