PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P98000024170

Country

MCCANN'S SERVICES, INC.

Principal Place of Business

522 MANZONITA DR: 3445. Palo Alto
PANAMA CITY FL 32401

2. Principal Place of Business

Suite, Apt. #. etc.

City & State

Zip

21

22

24

Mailing Address

P. O. BOX 3302 PANAMA CITY FL 32401

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90180 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed 03/13/1998 Applied For FEI Number 59-3504273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be. .. 8.-Election Campaign Financing Added to Fees Trust Fund Contribution This corporation owes the current year Intangible Yes ÜN₀ Personal Property Tax.

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.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE ☐ Change ☐ Addition TILE President Michael C McCann CR2E034 1.2 NAME NAME 3445. Polo Alto Ave 1.3 STREET ADDRES STREET ADDRESS 1.4 CITY-ST-ZIP C/TY-ST-ZIP Panama Ci ☐ Addition 21 TITLE TITLE 22 NAME MAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE Change 3.1 TO F 32 NAME NAME . STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition C DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP Change Addition □ DFI ETE 5.1 TIME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-57-ZIP ☐ Addition DELETE 61 TIDE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 early 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.

SIGNATURE

CHANGE WAS AND TO M COM JR.

4/15/99 850-763-5