


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

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90001 024 \*\*\*150.00

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P98000028915

1. Corporation Name

JIM MCDUGALL, INC.

|  |  |
|--|--|
| Principal Place of Business<br>625 ST. LUCIE CRES<br>STUART FL 34994 | Mailing Address<br>625 ST. LUCIE CRES<br>STUART FL 34994 |
|--|--|



DO NOT WRITE IN THIS SPACE

|   |                        |  |  |   |  |
|---|------------------------|--|--|---|--|
| 2. Principal Place of Business  |                        | 2a. Mailing Address  |  | 3. Date Incorporated or Qualified<br>03/30/1998 |  |
| 21 Suite, Apt. #, etc.  | 26 Suite, Apt. #, etc. | 4. FEI Number<br>65-0832450  |  | Applied For<br>Not Applicable                   |  |
| 22 City & State   | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional Fee Required                  |  |
| 23 Zip  | 28 Country             | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees                     |  |
| 24 Zip  | 25 Country             | 29 Zip   |  | 30 Country                                      |  |
| 9. Name and Address of Current Registered Agent<br>FRAZIER, S K<br>101 E. KENNEDY BLVD.<br>TAMPA FL 33602 |                        | 10. Name and Address of New Registered Agent                                       |  |   |  |

|   |  |             |  |
|---|--|-------------|--|
| 81 Name   |  | 85 Zip Code |  |
| 82 Street Address (P.O. Box Number is Not Acceptable) |  |             |  |
| 83  |  |             |  |
| 84 City   |  | FL          |  |

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                  |   | DATE  |  |
| 12. OFFICERS AND DIRECTORS |   |   |  |
| TITLE                      | PRES-SECRETARY <input type="checkbox"/> DELETE      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |  |
| NAME                       | JIM MCDUGALL  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS             | 625 ST. LUCIE CRES.                                 | 1.2 NAME  |  |
| CITY-ST-ZIP                | STUART, FL- 34994                                   | 1.3 STREET ADDRESS  |  |
| TITLE                      | VICE PRES-TREASURER <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP   |  |
| NAME                       | ANNE W. GABLER                                      | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS             | 625 ST. LUCIE CRES.                                 | 2.2 NAME  |  |
| CITY-ST-ZIP                | STUART, FL 34994                                    | 2.3 STREET ADDRESS  |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 2.4 CITY-ST-ZIP   |  |
| NAME                       | <input type="checkbox"/> DELETE                     | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS             | <input type="checkbox"/> DELETE                     | 3.2 NAME  |  |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE                     | 3.3 STREET ADDRESS  |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 3.4 CITY-ST-ZIP   |  |
| NAME                       | <input type="checkbox"/> DELETE                     | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS             | <input type="checkbox"/> DELETE                     | 4.2 NAME  |  |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE                     | 4.3 STREET ADDRESS  |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 4.4 CITY-ST-ZIP   |  |
| NAME                       | <input type="checkbox"/> DELETE                     | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS             | <input type="checkbox"/> DELETE                     | 5.2 NAME  |  |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE                     | 5.3 STREET ADDRESS  |  |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.4 CITY-ST-ZIP   |  |
| NAME                       | <input type="checkbox"/> DELETE                     | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| STREET ADDRESS             | <input type="checkbox"/> DELETE                     | 6.2 NAME  |  |
| CITY-ST-ZIP                | <input type="checkbox"/> DELETE                     | 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, with all other like empowered.

SIGNATURE: ANNE W. GABLER  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 561-283-4238  
 Date Daytime Phone #

CR2E034 (11/98)