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 # P98000078829

1. Corporation Name

MCNEILL AUTO HAUL, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|
| | | | |

Mailing Address

906 NORTH BELCHER ROAD **CLEARWATER FL 33765**

906 NORTH BELCHER ROAD **CLEARWATER FL 33765**

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90219 015 ***150.00

|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | 3. Date Incorporated or Qualifed | | | | |
|----------------|---|--|---|---|------------------------------|--|--|--|
| | | | | 09/11/1998 | | | | |
| 2. Principal P | ace of Business | 2a. Mailing Address | · · · · · · · · · · · · · · · · · · · | 4. FEI Number | Applied For | | | |
| 21 | • | 26 | | <i>5</i> 9- <i>≤</i> ≤33393_ | Not Applicable | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | _ | \$8.75 Additional | | | |
| 22 | | 27 | Annual Transfer of | - 5. Certificate of Status Desired | Fee Required | | | |
| City & State | 9 | City & State | | 6. Election Campaign Financing | \$5.00 May Be | | | |
| 23 28 | | | Trust Fund Contribution | Added to Fees | | | | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | Intangible | | | |
| 24 25 29 30 | | 5 | Personal Property Tax. | | | | | |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered Agent | | | | |
| | | | 81 Name | 81 Name | | | | |
| GRE | en, richard d | • | | Men H. Haskins | | | | |
| 1010 | DREW STREET | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| CLEA | ARWATER FL 33755 | | 83 | MONTH DESCRIPT TO | <u> </u> | | | |
| | | | | | | | | |
| ļ | | - | 84 City | | 85 Zip Code | | | |
| | | 007 1700 51 11 0011 | <u> </u> | | _ ~~ | | | |
| 11. Pursuant | to the provisions of Sections 607.0502 egistered agent, or both, in the State o | and 607.1508, Florida Statutes, f Florida. Such change was auth | , the above-named corporati | poration submits this statement for the purpose ion's board of directors. I hereby accept the ap | pointment as registered | | | |
| agent. I a | m familian with, and accept the obligati | ons of, Section 607.0505, Florid | a Statutes. | 4 64 | , | | | |
| SIGNATURE | Ste | ohen H. Haski | n In | April 29 | 7479 | | | |
| | Signature, typed or printed name of registered agent | | egistered Agent signature require | ed when reinstating) DA7E | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS | ☐ Change ☐ Addition | | | |
| TITLE | D | ☐ DELETE | | President V/D | <i>,</i> - | | | |
| NAME | O'MALLEY, THOMAS R | | 1.2 NAME | lift Centerview Con lecruater, Florida | rt North | | | |
| STREET ADDRESS | 906 NORTH BELCHER ROAD | | 1.3 STREET ADDRESS | iles Centra office | >:1750 | | | |
| CITY-ST-ZIP | CLEARWATER FL 33765 | | 1.4 CITY-ST-ZIP C | leinoute, Florion. | 37/37 | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE S | secretary 5/U | Change Maddigon | | | |
| NAME | HASKINS, STEHEN H | • | 2.2 NAME | , , , , , , , , , , , , , , , , , , , | | | | |
| STREET ADDRESS | 906 NORTH BELCHER ROAD | | 2.3 STREET ADDRESS 1 | 007 Bukunou Court | ا مىن | | | |
| CITY-ST-ZIP | CLEARWATER FL 33765 | · · · | 2.4 CITY-ST-ZIP | 007 Burkwood Court Beldy Herbor, Flatide 3 | 7642 | | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | resident PD | ☐ Change ☐ Addition | | | |
| NAME | MCNEILL. DAHL | | 3.2 NAME | The Call | · | | | |
| STREET ADDRESS | 906 NORTH BELCHER ROAD | | 3.3 STREET ADDRESS | 851 Glewille Drive | | | | |
| 1 1 | CLEARWATER FL 33765 | | 3.4. CITY-ST-ZIP | Hermoter, Flyda : | 35763 , | | | |
| CITY-ST-ZIP | D | ☐ DELETE | | | Change ddition | | | |
| 1 | BRENNAN, ANTHONY | | | reworm T/V | , , , | | | |
| NAME | 3248 SAN BERNADINO ST. | • | 4.3 STREET ADDRESS | 248 San Bernadir | 10 Streat | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS 3 | lecruter, Floride | 22759 | | | |
| CITY-ST-ZIP | CLEARWATER FL 33759 | □ DELETE | 4.4 CITY-ST-ZIP C | Meriorit, 1 10110- | ☐ Change ☐ Addition | | | |
| TITLE | | _ been | 5.2 NAME | | Ourside Discount | | | |
| NAME | | | i | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | —————————————————————————————————————— | 5.4 CITY-ST-ZIP 6.1 TITLE | | Change C Addition | | | |
| TITLE | | ☐ DELETE | | | ☐ Change ☐ Addition | | | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | . • | | 6.4 CITY-ST-ZIP | | | | | |
| | - 416 . AL - 4 Ab - 1 - 4 I I in -4 - I in -4 | this files does not qualify for th | - avam-tion stated in | Section 119 07(3)(i) Florida Statutes I further | cortify that the information | | | |

Interest certify that the information supplied with this limit does not quality for the exemption stated in Section 119.07(5)(i), Fronta Statutes. Indirect 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.