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

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90077 008 ***150.00

DOCUMENT # P98000095633

1. Corporation Name

MCPHERSON ENTERPRISES OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address								
106 TEAL LANE 1106 TEAL LANE					ļ			
ADY LAKE FL 32159 LADY LAKE FL 32159					DO NOT WRITE IN THIS SPACE			
·					3. Date Incorporated or Qualifed	O OLVOL		ī
					11/10/1998			
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ant	lied For	ļ
¬ `	iace of Equitiess	26. Walling Address			59-3KU113K	 - · · ·	Applicable	1
Suite, Apt.	# etc	Suite, Apt. #, etc.			1 21 22 11,22	\$8.75 A		1
-	n, v.o.	27			5. Certifcate of Status Desired	Fee Red		}
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be	1
:3	3 *	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country			8. This corporation owes the current year Intangible			
4	25	29 30		Personal Property Tax.			ĺ	
·~!	9, Name and Address of Current			_	10. Name and Address of New Registere	d Agent]
			81		1 - D mach			
JOH	nson, cháblæs d		00	77/01	ess (P.D. Box Number is Not Acceptable)	15017		┨
907 WEBSTER STREET			82		Tangen Ne C	· -}-		Ì
LEESBURG FL 34748 1			83		e angerior			1
				 _		-11 -2 -		┨
			84	City\	esbura F	85 Zip C	712	١
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abov	e-named com	oration submits this statement for the purpose	of changing its	registered	1
office or u	egistered agent, or both, in the State	of Florida: Such change was au	thorized by	the corporation	on's board of directors ti hereby accept the app	ointment as rec	istered	=
	I'm raminar with and accept the dangar	(CIO) IIIAA		W/P	11109-1-0	4-5-99		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Age	nt signature require	d when reinstating) DATE	<u> </u>		; ا
12.	OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	غ (
TITLE	D	☐ DELETE	1.1 TITLE	-		Change	Addition Addition	1
NAME	MCPHERSON, WILLIAM S		1.2 NAME					1 3
STREET ADDRESS	1106 TEAL LANE.		1.3 STREE	T ADDRESS				Ĭ
CITY-ST-ZIP	LADY LAKE FL 32159		1.4 CRY-S	T-ZIP				٥
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	9
NAME	MCPHERSON, MARILYNN P		2.2 NAME					ļ
STREET ADDRESS	1106 TEAL LANE		2.3 STREET ADDRESS					
CITY-ST-ZIP	LADY LAKE FL 32159		2.4 CITY-ST-ZIP					1
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	1
NAME	MCPHERSON, TERESA L		3.2 NAME					}
STREET ADDRESS	4400 7511 1 4415		3.3 STREE	T ADDRESS				ì
CITY-ST-ZIP	LADY LAKE FL 32159		3.4. CITY-5			•		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	1
NAME		· · ·	_4, 2 NAME					L
STREET ADDRESS			43 STREE	T ADDRESS				_
CITY-ST-ZIP			4.4 CITY-S					Į
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	1
NAME			5.2 NAME					
STREET ADDRESS	1		5.3 STREE	T ADDRESS	•			-
CITY-ST-ZIP	}		5.4 CITY-S)	-	,		
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	1
NAME			6.2 NAME			_ ,	_ "	}
	-			TADORESS				-
STREET ADDRESS	I		U.S STREE					ſ

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: