2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2004 MAY 13 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107962

1. Entity Name
THE MCCRORY GROUP, INC.

Principal Place of Business
8240 MCCARTY LN.
PENSACOLA, FL 32534

Mailing Address
700 HWY 97 SOUTH
CANTONMENT, FL 32533

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
63-1133372

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCRORY, JOHN T
8240 MCCARTY LN.
PENSACOLA, FL 32534

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

900036552809
05/18/04--01052--022 **558.75

SIGNATURE ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

VZM 5/13

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCRORY, WILLIAM D SR
STREET ADDRESS	700 HWY 97 SOUTH
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VP
NAME	MCCRORY, DONNA B
STREET ADDRESS	700 HWY 97 SOUTH
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna B McCrory 5-10-04 850 477-1834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #