

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:32

DOCUMENT # S25511

(4)

1. Corporation Name

MC INVESTMENTS, INC.

Principal Place of Business

901 NW 8TH AVE SUITE B-5
GAINESVILLE FL 32601-5011

Mailing Address

901 NW 8TH AVE SUITE B-5
GAINESVILLE FL 32601-5011

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/15/1991

3a. Date of Last Report

08/17/1994

2. Principal Place of Business

21 5508 SW 104 TERRACE

2a. Mailing Address

26 5508 SW 104 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 GAINESVILLE, FL

City & State

28 GAINESVILLE, FL

24 32608

25 USA

29 32608

30 USA

4. FEI Number

59-3050711

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. This corporation has liability for interjurisdictional tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

CAPRULO, MIKE
901 NW 8TH AVE SUITE B-5
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

MIKE CAPRULO

(President)

6/28/95

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CAPRULO, MIKE
5508 SW 104 TERR
GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, as changed, or on an attachment with an address.

SIGNATURE:

MIKE CAPRULO

6/28/95

904
335 2476

(Typed name and typed or printed name of signing officer or director)

Date

(Signature Phone #)