

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S34891** (9)

1. Corporation Name  
**MCNEW DEVELOPMENT CO., INC.**



Principal Place of Business  
**14860 SIX MILE CYPRESS PKWY  
FT. MYERS FL 33912**

Mailing Address  
**14860 SIX MILE CYPRESS PKWY  
FT. MYERS FL 33912**

2. Principal Place of Business

2a. Mailing Address

21 State App. #, etc.

26 State App. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

**NOLAND, JOHN A.  
1715 MONROE ST  
FT. MYERS FL 33901**

3. Date Incorporated or Qualified  
**02/28/1991**

3a. Date of Last Report  
**04/13/1995**

4. FEI Number  
**65-0244385**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 602.001 and 602.002, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 fully aware and accept the obligations of Sections 602.001, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

1-91

12. OFFICERS AND DIRECTORS		
1. TITLE	DV HARPER, DANIEL R. 14860 SIX MILE CYPRESS FT. MYERS FL	<input type="checkbox"/> DELETE
2. NAME	DCP MCNEW, QUINTON B. 14860 SIX MILE CYPRESS FT. MYERS FL	<input type="checkbox"/> DELETE
3. STREET ADDRESS	DT INGE, RONALD E. 14860 SIX MILE CYPRESS FT. MYERS FL	<input type="checkbox"/> DELETE
4. CITY, STATE, ZIP	DS ROZA, DENIS J. 14860 SIX MILE CYPRESS FT. MYERS FL	<input type="checkbox"/> DELETE
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		<input type="checkbox"/> DELETE
7. STREET ADDRESS		<input type="checkbox"/> DELETE
8. CITY, STATE, ZIP		<input type="checkbox"/> DELETE
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		<input type="checkbox"/> DELETE
11. STREET ADDRESS		<input type="checkbox"/> DELETE
12. CITY, STATE, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, certify, and the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 119.07(2)(k), Florida Statutes. I further certify that this information is correct or that I am a registered preparer of an annual report in Florida and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, a shareholder, a partner or trustee, or a person empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears on Block 12 or Block 13 if change or addition is being made with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

941-481-2250

CR2E034 (12/95)