

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **S52707**

(4)

1. Corporation Name
MCD, INC.

Principal Place of Business
**33 E ROBINSON ST.
#203
ORLANDO FL 32801**

Mailing Address
**33 E ROBINSON ST.
#203
ORLANDO FL 32801**

FILED
Aug 14 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/13/1991

4. FEI Number
59-3078792

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
6959 STADPOINT COURT

2a. Mailing Address
P.O. BOX 432

Suite, Apt. #, etc.
SUITE H

Suite, Apt. #, etc.

City & State
WINTER PARK FLORIDA

City & State
ORLANDO, FLA

Zip
32792

Country
U.S.A.

Zip
32802

Country
U.S.A.

9. Name and Address of Current Registered Agent

**MURPHY, FRANK W
33 E ROBINSON ST.
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MURPHY, FRANK W**
STREET ADDRESS **33 E ROBINSON ST.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **V** ☐ DELETE
NAME **MURPHY, MARCIA A**
STREET ADDRESS **33 E. ROBINSON ST.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **ST** ☐ DELETE
NAME **MURPHY, MICHAEL**
STREET ADDRESS **33 E. ROBINSON ST.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **FRANK W. MURPHY**
1.3 STREET ADDRESS **6959 STADPOINT COURT SUITE H**
1.4 CITY-ST-ZIP **WINTER PARK, FLORIDA 32792**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **MARCIA A. MURPHY**
2.3 STREET ADDRESS **6959 STADPOINT COURT SUITE H**
2.4 CITY-ST-ZIP **WINTER PARK, FLA. 32792**

3.1 TITLE **ST** ☒ Change ☐ Addition
3.2 NAME **MICHAEL A. MURPHY**
3.3 STREET ADDRESS **6959 STADPOINT COURT SUITE H**
3.4 CITY-ST-ZIP **WINTER PARK FLA. 32792**

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 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.

SIGNATURE

SIGNATURE REQUIRED

7/19/98

CR2E034 (5/98)