## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 15 1998 8:00am

Secretary of State

A ANDREAD AND AND ANDRE LONGS AND A DEBAT AND DEBAT BEING BEDER MEDIA DESIGN BERNE BERNE AND A

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S78241

(4)

J. MCDONALD REALTY, INC.

| Principal Place   | e of Business  | Mailing Address  |                             |  |  | T CONTINUE ATT ADDRA TOTAL STATE STATE STATE DESIGNATION OF STATE |
|---|--|--|-----------------------------|--|--|---|
| 408 W. RENFRO<br>SUITE 103<br>PLANT CITY FL 33568   |  | 408 W. RENFRO<br>Suite 103<br>Plant City Fl. 33568   |                             |  | DO NOT WRITE IN THIS SPACE                   |   |
|   | 2 00000  | 15111 (11112 55000   |                             |  |  | 3. Date Incorporated or Qualified   |
|   |  | organista de la calenta de   |                             |  |  | 09/06/1991  |
|   | lace of Business   | 2a. Mailing Address  |                             |  |  | 4. FEI Number Applied For   |
| Suite, Apt  | # cate   | <b>26</b>  |                             |  |  | 59-3121471   Not Applicable   \$8.75 Additional   |
| 22  | , GC.  | 27   |                             |  |  | 5. Certificate of Status Desired Fee Required   |
| City & State  |  | City & State   |                             |  | 6. Election Campaign Financing \$5.00 May Be |   |
| 23  |  | 26   |                             |  | Trust Fund Contribution Added to Fees        |   |
| Zip Country   |  | Zip  | ·····                       |  |  | 8. This corporation owes or has paid the current year Intangible  |
| 24  | 25 29  9. Name and Address of Current Registered Agent                           |  | [30]                        |  |  | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent   |
|   |  | Luchier Mant   | 8                           | 1  | Name   | 10. Italia alia Acciosa di Itali Italiana Aguit   |
| MCDONALD, JOALICE   |  |  |                             | OD Count Address (D.O. Day Niverbox in Not Appendix) |  |   |
| 408 RENFRO ST.<br>#103  |  |  | 82 Street Address           |  | Street A                                     | Address (P.O. Box Numbor is Not Acceptable)   |
|   | ANT CITY FL 33566  |  | 1                           |  |  |   |
| , ,   |  |  | 8                           | 4  | City   | 85 Zip Code   |
|   |  |  | •                           |  | ,  | FL  |
| 11. Pursuant office or r  | to the provisions of Sections 607 0507<br>earstered agent, or both, in the State | ≥ and 607.1508. Florida Statute<br>of Horida. Such change was a  | es, the abo<br>authorized l | ve-<br>bv  | <ul> <li>named of<br/>the corp</li> </ul>    | corporation submits this statement for the purpose of changing its registered<br>poration's board of directors. I hereby accept the appointment as registered   |
| agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  |  |  |                             |  |  |   |
| SIGNATURE   | - · · · · · · · · · · · · · · · · · · ·  |  | TE TO SOURCE                |  |  | required when relostating) OATE   |
| 12.   | Signature type for prefer time of respectivelying<br>OFFICEHS AND                | and the second s | 13.                         | (Bei   | il Bighanae i                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE   | D  | DELETE   | 1.1 TITLE                   | <br>F  |  | Change Addition   |
| NAME  | MCDONALD, JOALICE  |  | 1.2 NAM                     | F  | ļ  |   |
| STREET ADDRESS  | 408 W. RENFRO ST., #103  |  | 1.3 STRE                    | 1.3 STREET ADDRESS                                   |  |   |
| CITY-ST-ZIP   | PLANT CITY FL 33566  |  | 14 CITY - 5                 |  | i - ZIP                                      |   |
| TITLE   |  | ☐ DELETE   | 21 TITLE                    |  | į  | Change Addition   |
| NAME  |  |  | 22 NAM                      |  |  |   |
| STREET ADDRESS  |  |  | 2 3 STREET ADDRESS          |  |  |   |
| CITY-ST-ZIP   |  |  |                             | 2 4 CHY-\$1-ZIP<br>3.1 THLE                          |  | Change Addition   |
| TITLE<br>NAME   |  |  | 3.2 NAME                    |  |  |   |
| STREET ADDRESS  |  |  |                             |  | ADDRESS                                      |   |
| City-SI-7if   |  |  | 3 4. CITY - ST - ZIP        |  |  |   |
| TITLE   |  |  |                             | 4.1 TITLE  |  | Change Addition   |
| NAME  |  |  | 4. 2 NAM                    | AE.  |  |   |
| STREET ADDRESS  |  |  | 4.3 STRE                    | ŧΤź  | ADDRESS                                      |   |
| CITY - ST - ZIP   |  |  | 4.4 CITY                    |  | 1- <b>7</b> IP                               |   |
| TITLE   |  | ☐ DETEJE   | 5 1 TITLE                   |  | ŀ  | Change Addition   |
| NAME  |  |  | 5 2 NAM                     |  |  |   |
| STREET ADDRESS  |  |  |                             |  | ADDRESS                                      |   |
| CITY-ST-ZIP<br>TITLE  |  | DELETE   | 5 4 CITY<br>6 1 TITLE       | _  | I-ZIP  | ☐ Change ☐ Addition   |
| NAME  |  |  | 6 2 NAM                     |  |  |   |
| STREET ADDRESS  |  |  |                             |  | ADDRESS                                      |   |
| CITY - ST - ZIP   |  |  | 64 CITY                     |  |  |   |
| 44 Lhereby o  | certify that the information supplied w  | th this filing does not qualify fo   | or the exem                 | npt  | tion state                                   | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information  |
| indicated on this armust report or supplemental argued 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 |  |  |                             |  |  |   |