Applied For Not Applicable

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT, OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90110 007 ***150.00

DOCL	JMENT	# 1	/271	20

Suite, Apt. #, etc. Suite, Ap	DOCUMEN I # V37 1. Corporation Name MCDEVITT & SONS, INC.	128		4 1860 61140 61111 1880 1186 1186	1811 81815 81871 81815 81871 81811 81811 1	
Principal Place of Business 1151 A GILLS DR. ORLANDO FL 32824 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/19/1992 2. Principal Place of Business 2a. Mailing Address 25. Mailing Address 4. FEI Number 11-3109508 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State 28 City & State 29 City & State 29 Country Applied Tor Added to Fees 71 Country 8. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYES ST, STE 105 SUITE 105 TALLAHASSEE FL 32031 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 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 the if applicable. [NOTE: Registered Agent signature required when reinstating) DATE						
ORLANDO FL 32824 ORLANDO FL 32824 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O5/19/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For In-3109508 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 28 Zip Country Zip Country Zip Country Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYES ST, STE 105 SUITE 105 TALLAHASSEE FL 32031 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 agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if application. In ATE ON NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O5/19/1992 Applied For Potential Of Country Status Desired 11-3109508 A FEI Number Fee Required	Principal Place of Business	Mailing Address			(81) BIBN GIGH WIGH DIDIN BIDIN BIDIN	
2. Principal Place of Business 3. Fel Number 11-3 109508 3. Not Applied For Not Applied 3. Suite, Apt. #, etc. 5. Certificate of Status Desired				DO NOT WRITE	IN THIS SPACE	
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Suite, Apt. #, etc. Suite, Ap	2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. Su	21	26		11-3109508	Not Applicat	
City & State City & State 28 Country Zip Country Zip Country Zip Country Added to Fees Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYES ST, STE 105 SUITE 105 TALLAHASSEE FL 32031 81 Name Street Address (P.O. Box Number is Not Acceptable) 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 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	Suite, Apt. #, etc.	<u> </u>		5. Certifcate of Status Desired	\$8.75 Additional	
Zip Country Zip Country 30 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYES ST, STE 105 SUITE 105 TALLAHASSEE FL 32031 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 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	City & State	City & State		. 0		
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SUITE 105 TALLAHASSEE FL 32031 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 registere 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	1201 HAYES ST, STE 105 SUITE 105					
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Signature, typed of printed name of registreed agent and time in approache.	SIGNATURE		F. D. Charles of All Cale of Secretarian	and whom coinstating t	DATE	
			13.			

ECTORS IN 12 ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE MCDEVITT, WILLIAM 12 NAME NAME 97-01 CAMBERLY CIRCLE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 61 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: /

(401) 859 - 9188

CR2E034 (11/98)