

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000057632

**Entity Name:** MCDONALD TOOLE WIGGINS, P.A.

**FILED**  
**Apr 18, 2017**  
**Secretary of State**  
**CC8306135175**

**Current Principal Place of Business:**

111 N. MAGNOLIA AVENUE  
SUITE 1200  
ORLANDO, FL 32801

**Current Mailing Address:**

111 N. MAGNOLIA AVENUE  
SUITE 1200  
ORLANDO, FL 32801 US

**FEI Number: 27-3047341**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TOOLE, M. GARY  
111 N. MAGNOLIA AVENUE  
1200  
ORLANDO, FL 32801 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name TOOLE, M. GARY  
Address 111 N. MAGNOLIA AVENUE  
1200  
City-State-Zip: ORLANDO FL 32801

Title D  
Name MCDONALD, FRANCIS MJR.  
Address 111 N. MAGNOLIA AVENUE  
1200  
City-State-Zip: ORLANDO FL 32801

Title D  
Name WIGGINS, MICHAEL J  
Address 111 N. MAGNOLIA AVENUE  
SUITE 1200  
City-State-Zip: ORLANDO FL 32801

Title TREASURER  
Name RICHMAN, SCOTT A  
Address 111 N. MAGNOLIA AVENUE  
SUITE 1200  
City-State-Zip: ORLANDO FL 32801

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: M. GARY TOOLE**

**PRESIDENT / DIRECTOR 04/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date