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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 353006 1. Corporation Name

MCDONALD CONTRACTING, INC.

Principal Place of Business				Mailing Address				I (198(48) Mile) Small mill state and sign areas areas areas areas areas			
3030 N PACE BOULEVARD				3030 N PACE BOULEVARD							
PENSACOLA FL 32505-5654			PE	PENSACOLA FL 32505-5654				DO NOT WEITE IN THIS SPACE			
US			US	US				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed 09/30/1969			
				Mailine Address				4. FEI Number :	I An	plied For	
2. Principal Pl	lace of Busine	ess		. Mailing Address				59-1289589	<u> </u>	t Applicable	
Suite, Apt.	<u></u>		26	Suite, Apt. #, etc.						Additional	
—	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re		
22 City & State				City & State				6. Election Campaign Financing	\$5.00	 -	
23		- .	28		• •		-	Trust Fund Contribution	Added to		
Zip		Country		Zip	Cou	ntry		8. This corporation owes the current year Intangi	ble	_	
24		25	29	•	30					□No	
,		and Address of Cui	rrent Regis	stered Agent				10. Name and Address of New Registered Age	nt		
						81	Name				
MCDONALD, G.E.				82 8			Street Addre	t Address (P.O. Box Number is Not Acceptable)			
35 SHORELINE DR.				62 30		Oli Ool Filadiri					
GULF BREEZE FL 32561				83							
						84	City		5 Zip (ode -	
						1	•	FL.			
11. Pursuant	to the provisi	ons of Sections 607.	0502 and 6	07.1508, Florida Statu	tes, the a	bove	-named corpo	oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointment	nging its	registered	
office or re	egistered age m familiar wit	nt, or both, in the St h. and accept the ob	ate of Flori	da. Such change was a f. Section 607.0505, Flo	autnonzeo orida Stat	ı by ı utes.	ne corporatio	on s board of directors. I hereby accept the appointment	ent as ret	gistered	
SIGNATURE	Not	S()	2.0	PTD-F	S.E.	N	15 Dou	3/21/99		ļ	
SIGNATURE	Signature, typed	or printed name of registered	agent and title		E: Registered	Agent	signature required	d when reinstating) DATE			
12.		OFFICERS	AND DIRE	ECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 12	
TITLE			_							FT 6 4434-0	
IIILE	PD	•	_	☐ DELETE	1.1 ∏] Change	Addition	
NAME	MCDONAL	D, GLENN E	_		1.2 N	ME				Addition	
	MCDONAL 35 SHORE	D, GLENN E LINE DR.	_		1.2 N	ME	ADDRESS			Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MCDONAL 35 SHORE GULF BRE	D, GLENN E		☐ DELETE	1.2 No 1.3 ST 1.4 CI	AME TREET TY-ST	1		Change		
NAME STREET ADDRESS	MCDONAL 35 SHORE GULF BRE VSD	D, GLENN E LINE DR. EZE FL 32561			1.2 N	AME TREET TY-ST	1			Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MCDONAL 35 SHORE GULF BRE VSD MCDONAL	D, GLENN E LINE DR. EZE FL 32561 D, J.P.		☐ DELETE	1.2 No 1.3 ST 1.4 CI	TY-ST	1		Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MCDONAL 35 SHORE GULF BRE VSD MCDONAL 35 SHORE	D, GLENN E LINE DR. EZE FL 32561 D, J.P. LINE DR.		□ DELETE	1.2 No 1.3 St 1.4 Ct 2.1 Tt 2.2 No	AME TREET TY-ST TLE AME	1		Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCDONAL 35 SHORE GULF BRE VSD MCDONAL 35 SHORE	D, GLENN E LINE DR. EZE FL 32561 D, J.P.		☐ DELETE	1.2 No 1.3 S1 1.4 C1 2.1 Π 2.2 No 2.3 S 2.4 C	TY-ST TLE AME TREET	- ZIP ADDRESS] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MCDONAL 35 SHORE GULF BRE VSD MCDONAL 35 SHORE	D, GLENN E LINE DR. EZE FL 32561 D, J.P. LINE DR.		□ DELETE	12 No 1.3 ST 1.4 CT 2.1 TT 2.2 No 2.3 ST 2.4 CT	TREET TY-ST TLE AME TREET TTY-S' TLE	- ZIP ADDRESS		Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCDONAL 35 SHORE GULF BRE VSD MCDONAL 35 SHORE	D, GLENN E LINE DR. EZE FL 32561 D, J.P. LINE DR.		☐ DELETE	12 No 1.3 S1 1.4 C1 2.1 T1 2.2 No 2.3 S 2.4 C 3.1 T1 3.2 No	TY-ST TLE AME TREET TLE TLE AME	-ZIP ADDRESS T-ZIP] Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MCDONAL 35 SHORE GULF BRE VSD MCDONAL 35 SHORE	D, GLENN E LINE DR. EZE FL 32561 D, J.P. LINE DR.		☐ DELETE	12 Nv 13 S1 14 C1 21 TT 22 Nv 23 S' 2 4 C0 3.1 T1 32 Nv 3.3 S' 3.4 C 4.1 T1	TREET TILE AME TREET TILE AME TREET TILE	-ZIP ADDRESS 1-ZIP ADDRESS] Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCDONAL 35 SHORE GULF BRE VSD MCDONAL 35 SHORE	D, GLENN E LINE DR. EZE FL 32561 D, J.P. LINE DR.		DELETE DELETE	12 N 13 Si 14 Ci 21 Π 22 N 23 Si 2.4 Ci 3.1 Π 3.2 N 3.4 Ci 4.1 Π 4.2 N 4.3 Si 4.4 Ci 5.1 Π 5.2 N	TREET TY-ST TLE AME TREET TLE AME TREET TLE AME TREET TLE AME TREET TLE TLE TLE TLE TLE TLE TLE T	ADDRESS T-ZIP ADDRESS F-ZIP ADDRESS -ZIP] Change] Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MCDONAL 35 SHORE GULF BRE VSD MCDONAL 35 SHORE	D, GLENN E LINE DR. EZE FL 32561 D, J.P. LINE DR.		DELETE DELETE	12 N 13 Si 14 Ci 21 Π 22 N 23 Si 2 4 Ci 3.1 Π 3.2 N 3.4 Ci 4.1 Π 4.2 N 4.3 Si 4.4 Ci 5.1 Π 5.2 N 5.3 Si	TREET TY-ST TILE AME TREET TITY-ST TILE TREET TITY-ST TITY-	ADDRESS T-ZIP ADDRESS F-ZIP ADDRESS -ZIP ADDRESS] Change] Change	Addition Addition	
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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. 3/21/99

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-\$T-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90240 029 ***150.00