

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 526599 (6)

1. Corporation Name  
**T.K. MCKENZIE BUILDERS, INC.**



Principal Place of Business: 8809 29TH STREET EAST PARRISH FL 34219 US  
Mailing Address: 8809 29TH STREET EAST PARRISH FL 34219 US

3. Date Incorporated or Qualified: 02/24/1977  
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 651 10th St. E	26 651 10th St. E.	59-1727327	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State: Palmetto, Fl.	28 City & State: Palmetto, Fl.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip: 34221	29 Zip: 34221	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Country: U.S.	30 Country: U.S.		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKENZIE, THOMAS K  
8809 29TH ST. E.  
PARRISH FL 34219

81 Name	McKenzie, Thomas K.
82 Street Address (P.O. Box Number is Not Acceptable)	
83	651 10th St. E.
84 City	Palmetto
85 Zip Code	FL 34221

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 at date of filing)

(Signature, typed or printed name of registered agent at date of filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, KAREN E	2.2 NAME	
STREET ADDRESS	8809 29TH ST. E.	3.3 STREET ADDRESS	651 10th St. E.
CITY-ST-ZIP	PARRISH FL	4.4 CITY-ST-ZIP	Palmetto, Fl. 34221
TITLE	VD	5.5 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, R.D.	6.6 NAME	
STREET ADDRESS	8809 29TH ST. E.	7.7 STREET ADDRESS	651 10th St. E.
CITY-ST-ZIP	PARRISH FL	8.8 CITY-ST-ZIP	Palmetto, Fl. 34221
TITLE	PD	9.9 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, T.K.	10.10 NAME	
STREET ADDRESS	8809 29TH ST. E.	11.11 STREET ADDRESS	651 10th St. E.
CITY-ST-ZIP	PARRISH FL	12.12 CITY-ST-ZIP	Palmetto, Fl. 34221
TITLE		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14.14 NAME	
STREET ADDRESS		15.15 STREET ADDRESS	
CITY-ST-ZIP		16.16 CITY-ST-ZIP	
TITLE		17.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18.18 NAME	
STREET ADDRESS		19.19 STREET ADDRESS	
CITY-ST-ZIP		20.20 CITY-ST-ZIP	
TITLE		21.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22.22 NAME	
STREET ADDRESS		23.23 STREET ADDRESS	
CITY-ST-ZIP		24.24 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

941-722-6620  
Daytime Phone #

CR2E034 (12/95)