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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 575093

(0)

MCCOMMON INDUSTRIES, INC.

FILED Apr 20 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			- 1 :00101 01111 10001 01111 00110 10100 1111 0101	I DIDIN DIDIN DIDIN DIDIN BIRNI RODI	
18515 DAVENPORT RD 16515 DAVENPORT RD					·		
WINTER GARDEN FL 34787 WINTER GARDEN FL 34			787		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 06/08/1978	11100/702	
2. Principal Pi	lace of Business	2a, Mailing Address	2a, Mailing Address		4. FEI Number	Applied For	
21		26	 		59-1837620	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			S. Certificate of otation beamed	Fee Required	
City & State		City & State	— ¬		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28 Zip	rip Country		Trust Fund Contribution	7,0000101000	
24	25	29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
	9. Name and Address of Curr		1001		10. Name and Address of New Registe		
MC	COMMON, JR. J		81 N	ame Bo	CKY L. McCommon		
0042 LAKE LOUIGA PD					ss (P.O. Box Number is Not Acceptable)		
CLERMONT FL 34711							
			83 2	1943	LAKE LOUISA RD		
				CUERA		FL 85 Zio Code	
44 Pureupnt I	to the provisions & Sections 607.0	502 and 607 1509 Florida Clati	1 1				
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 tamilian with, and accept the obligations of, Section 607.0505, Florida Statutes.							
	Mulamilia with, and accept the obt		MMON) P	DESIDE	NT MANANGING DIRECTO	DR 4-14-98	
SIGNATURE	Signature typed invariated name of registered.	agent and title if applicable (NC	Tt Registered Agent sig	inaturo required	I when reinstating)	ATE TO THE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	NOCOLUMNIA DECKA I	☐ DELETE	1.1 TITLE	PM	P. D. C.	Change Addition	
NAME	MCCOMMON, BECKY L 9943 LK LOUISA RD		1.2 NAME	MC	COMMON, BECKY L 13 LAKE LOUISA RD		
STREET ADDRESS	CLERMONT FL		1.3 STREET ADD	RESS 1941 U	200NT, FL 34711		
CITY-ST-ZIP TITLE	PM	▼ DELETE	1.4 CITY-ST-ZIE 2.1 TITLE	V	400 (, FC 34 III	Change K Addition	
NAME	MCCOMMON, JACK JR.		2.2 NAME	< NU	ITT, SARA M		
STREET ADDRESS	9943 LK LOUISA RD		2 3 STREET ADD		45 DAVENPORT RD		
CITY-ST-ZIP	CLERMONT FL		2. 4 CITY- ST-ZI		TER GARDEN, FL 3	4787	
TITLE		DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDI	RESS			
CITY-ST-ZIP		Libriere	3.4. CITY - ST - ZI	P		Chance Lader-	
TITLE		☐ DELETE	4.1 TITLE			Change	
NAME expect approve			4.2 NAME 4.3 STREET ADD	orec			
STREET ADDRESS CITY-ST-ZIP			4.3 STHEET ADDI				
TITLE		☐ DELE TE	51 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD	RESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIF				
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD				
CITY-ST-ZIP	artify that the information are - 11-2	with this filling steep and as all.	6.4 CITY-ST-ZIF		notion 110 07/3/// Florido Cinturas I funda	or portify that the information	
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 eath; 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.							

Brave