

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

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Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 575093 (0)  
1. Corporation Name  
MCCOMMON INDUSTRIES, INC.



Principal Place of Business: 16515 DAVENPORT RD, WINTER GARDEN FL 34787  
Mailing Address: 16515 DAVENPORT RD, WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1978  
4. FEI Number: 59-1837620  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent: MCCOMMON, JR. J, 9943 LAKE LOUISA RD, CLERMONT FL 34711  
10. Name and Address of New Registered Agent: BECKY L. McCOMMON, 9943 LAKE LOUISA RD, CLERMONT FL 34711

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 I accept the obligations of, Section 607.0505, Florida Statutes.  
SIGNATURE: *Becky L. McCommon* (BECKY L. McCOMMON) PRESIDENT/MANAGING DIRECTOR 4-14-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	PM
NAME	MCCOMMON, BECKY L	1.2 NAME	MCCOMMON, BECKY L
STREET ADDRESS	9943 LK LOUISA RD	1.3 STREET ADDRESS	9943 LAKE LOUISA RD
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	PM	2.1 TITLE	V
NAME	MCCOMMON, JACK JR.	2.2 NAME	SHUTT, SARA M
STREET ADDRESS	9943 LK LOUISA RD	2.3 STREET ADDRESS	16446 DAVENPORT RD
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Becky L. McCommon* 4/14/98

CR2E034 (10/97)