

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT



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

1995 8-3-95 B-8082 C

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002513 (9)**

1. Corporation Name

**MCCRORY BUILDING CO INC**

Principal Place of Business

POST OFFICE DRAWER 1266  
 BIRMINGHAM AL 35201-1266

Mailing Address

POST OFFICE DRAWER 1266  
 BIRMINGHAM AL 35201-1266

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/13/1994

3a. Date of Last Report

4. FEI Number

63-0902503

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under s. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BLUE, ROB JR  
 221 MCKENZIE AVENUE  
 PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

POST  
 MCCRORY, JOHN S  
 3512 7TH AVENUE SOUTH  
 BIRMINGHAM AL 35222

1 1 TITLE  
 1 2 NAME  
 1 3 STREET ADDRESS  
 1 4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

V  
 WILLIFORD, WAYNE A  
 3512 7TH AVENUE SOUTH  
 BIRMINGHAM AL 35222

2 1 TITLE  
 2 2 NAME  
 2 3 STREET ADDRESS  
 2 4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

3 1 TITLE  
 3 2 NAME  
 3 3 STREET ADDRESS  
 3 4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

4 1 TITLE  
 4 2 NAME  
 4 3 STREET ADDRESS  
 4 4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

5 1 TITLE  
 5 2 NAME  
 5 3 STREET ADDRESS  
 5 4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

6 1 TITLE  
 6 2 NAME  
 6 3 STREET ADDRESS  
 6 4 CITY - ST - ZIP

Change  Addition

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

*Wayne A. Williford, J.P.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-95

251-2200

Date

Daytime Phone #

CR2E034 (3/95)