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**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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**

3. Date Incorporated or Qualified: **05/13/1994** 3a. Date of Last Report: **06/20/1996**
4. FEI Number: **63-0902503** Applied for: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 [] Suite, Apt. #, etc.: 22 [] City & State: 23 [] Zip: 24 [] Country: 25 []
2a. Mailing Address: 26 [] Suite, Apt. #, etc.: 27 [] City & State: 28 [] Zip: 29 [] Country: 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

TITLE	POST	<input type="checkbox"/> DELETE
NAME	MCCRORY, JOHN S	
STREET ADDRESS	3512 7TH AVENUE SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35222	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIFORD, WAYNE A	
STREET ADDRESS	3512 7TH AVENUE SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL 35222	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHAFER, FRED	
STREET ADDRESS	3512 7TH AVE SOUTH	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary/Treasurer
4.3 STREET ADDRESS	Steven T. Lebo
4.4 CITY-ST-ZIP	3512 7th Avenue South
4.5 CITY-ST-ZIP	Birmingham AL 35222
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Steven T. Lebo* 4/29/97 1/2nd 2nd 3222

CR2E034 (9/96)