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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P94000018459 (5)**

1. Corporate Name

MCKINNEY CONTRACTORS, INC.

Principal Place of Business	Mailing Address
210 ALLEN AVE. **PANAMA CITY FL 32401**	**210 ALLEN AVE.** **PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/09/1994**

3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 59-3229887	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCKINNEY, ROYCE **210 ALLEN AVE.** **PANAMA CITY FL 32401**	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 607.1505, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17
TITLE: D NAME: MCKINNEY, ROYCE STREET ADDRESS: 201 ALLEN AVE. CITY-ST-ZIP: PANAMA CITY FL 32401	71 TITLE ☐ Change ☐ Addition 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	75 TITLE ☐ Change ☐ Addition 76 NAME 77 STREET ADDRESS 78 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	79 TITLE ☐ Change ☐ Addition 80 NAME 81 STREET ADDRESS 82 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	83 TITLE ☐ Change ☐ Addition 84 NAME 85 STREET ADDRESS 86 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	87 TITLE ☐ Change ☐ Addition 88 NAME 89 STREET ADDRESS 90 CITY-ST-ZIP
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	91 TITLE ☐ Change ☐ Addition 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

14. To the best of my knowledge and belief, the information supplied with this report is complete and accurate. I am duly authorized and qualified to file this report pursuant to Section 607.1622, Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall constitute an affirmation under the penalties prescribed in Section 817.155, Florida Statutes, 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 with an asterisk (*), or on an attachment with an asterisk.

SIGNATURE: Royce McKinney — Royce McKinney — 4-28-95 — 904-763-3641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0029814 CP