

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **S98040**

(6)

95 MAY -1 AM 8:02

1. Corporation Name
MACSWEENEY PAVING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**708 RIVERSIDE DR
TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/02/1991** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-3100069** 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 2a. Mailing Address
21 State, Apt. #, etc. 2b. State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERENICH, GREG
311 S MISSOURI AVE
CLEARWATER FL 34616**

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 607.0607 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **DPT**
NAME **MACSWEENEY, LEO A III**
STREET ADDRESS **708 RIVERSIDE DR**
CITY, ST, ZIP **TARPON SPRINGS FL**
2. TITLE **S**
NAME **MACSWEENEY, PATRICIA KAY**
STREET ADDRESS **708 RIVERSIDE DR**
CITY, ST, ZIP **TARPON SPRINGS FL**
3. TITLE **V**
NAME **HORSINGTON, WILLIAM**
STREET ADDRESS **708 RIVERSIDE DR**
CITY, ST, ZIP **TARPON SPRINGS FL**
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Law 95-117, Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a multiple signature. I certify that I am an officer or director of the corporation or the person authorized to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or Block 13, of this report, or on an attached form, with an address.

SIGNATURE:

Leo A. MacSwaney, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leo A. MacSwaney, III

2-24-95