

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
96 MAY 10 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S98040** (6)  
1. Corporation Name  
**MACSWEENEY PAVING, INC.**



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

3. Date Incorporated or Qualified: **12/02/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3100069**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$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: **612 FLA. BLVD**  
21 Suite, Apt. #, etc.  
22 City & State: **CRYSTAL BEACH, FL**  
23 Zip: **34681** Country: **PINELLAS**  
24 25  
2a. Mailing Address: **P.O. BOX 911**  
26 Suite, Apt. #, etc.  
27 City & State: **CRYSTAL BEACH, FL**  
28 Zip: **34681** Country: **PINELLAS**  
29 30

9. Name and Address of Current Registered Agent  
**PERENICH, GREG**  
**311 S MISSOURI AVE**  
**CLEARWATER FL 34616**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>MACSWEENEY, LEO A III</b>	
STREET ADDRESS	<b>708 RIVERSIDE DR</b>	
CITY- ST- ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MACSWEENEY, PATRICIA KAY</b>	
STREET ADDRESS	<b>708 RIVERSIDE DR</b>	
CITY- ST- ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HORSINGTON, WILLIAM</b>	
STREET ADDRESS	<b>708 RIVERSIDE DR</b>	
CITY- ST- ZIP	<b>TARPON SPRINGS FL</b>	
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	<b>DPT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add or
1.2 NAME	<b>MAC SWEENEY, LEO A. III</b>	
1.3 STREET ADDRESS	<b>612 FLA BLVD</b>	
1.4 CITY- ST- ZIP	<b>CRYSTAL BE, FL 34681</b>	
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add or
2.2 NAME	<b>MAC SWEENEY, PATRICIA, KAY</b>	
2.3 STREET ADDRESS	<b>612 FLA BLVD</b>	
2.4 CITY- ST- ZIP	<b>CRYSTAL BE, FL 34681</b>	
3.1 TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add or
3.2 NAME	<b>HORSINGTON, WILLIAM</b>	
3.3 STREET ADDRESS	<b>612 FLA BLVD</b>	
3.4 CITY- ST- ZIP	<b>CRYSTAL BE, FL 34681</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add or
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add or
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add or
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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\*\*\*\*225.00 \*\*\*\*225.00  
5-10 90

14. I do hereby certify that the information supplied with this filing is voluntary, furnishes fact and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Leo A. Mac Sweeney** **LEO A. MAC SWEENEY** **813-786-2258**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)