

**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

DOCUMENT # **F28165** (1)

1. Corporation Name  
**MCKENNA HOMES, INC.**



Principal Place of Business  
**3472 PARKLAND ST.  
P.O. BOX 2159  
TITUSVILLE FL 32796**

Mailing Address  
**3472 PARKLAND ST.  
P.O. BOX 2159  
TITUSVILLE FL 32796**

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

3. Date Incorporated or Qualified  
**04/02/1981**

3a. Date of Last Report  
**04/07/1995**

4. FEI Number  
**59-2091787**

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

g. Name and Address of Current Registered Agent  
**MCKENNA, JOSEPH M  
3472 PARKLAND ST.  
TITUSVILLE FL 32796**

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 \_\_\_\_\_ (Print name of registered agent or director) (Print Registered Agent's signature, required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>MCKENNA, JOSEPH M</b>	
STREET ADDRESS	<b>3472 PARKLAND ST.</b>	
CITY - ST - ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>VST</b>	<input type="checkbox"/>
NAME	<b>MCKENNA, PATRICIA D</b>	
STREET ADDRESS	<b>3472 PARKLAND ST.</b>	
CITY - ST - ZIP	<b>TITUSVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MCKENNA, PATRICIA D</b>	
STREET ADDRESS	<b>3472 PARKLAND ST.</b>	
CITY - ST - ZIP	<b>TITUSVILLE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETE	Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY - ST - ZIP				
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY - ST - ZIP				
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY - ST - ZIP				
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY - ST - ZIP				
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY - ST - ZIP				
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY - ST - ZIP				

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 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: *J.M. McKenna* **J.M. MCKENNA** 4/18/96 407-269-4385  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)