

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 # 157295

(7)

1. Corporation Name

MCKINNEY SUPPLY CO

Principal Place of Business

300 N E 71ST ST  
MIAMI FL 33138

Mailing Address

300 N E 71ST ST  
MIAMI FL 33138



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCKINNEY, MICHAEL J JR  
300 N E 71ST ST  
MIAMI FL 33138

3. Date Incorporated or Qualified

03/01/1949

3a. Date of Last Report

03/13/1995

4. FEI Number

59-0602110

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
MCKINNEY, MICHAEL J. JR.  
STREET ADDRESS  
2241 N W 87TH TERR  
CITY - ST - ZIP  
PEMBROKE PINES, FL 00000

TITLE ☐ DELETE

NAME  
MCKINNEY, BARBARA L  
STREET ADDRESS  
2241 N W 87TH TERR  
CITY - ST - ZIP  
PEMBROKE PINES, FL 00000

TITLE ☐ DELETE

NAME  
MCKINNEY, MICHAEL J  
STREET ADDRESS  
2001 NW 88TH TERR.  
CITY - ST - ZIP  
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME  
DONALD HELMS  
STREET ADDRESS  
5566 N.W. 200TH ST. BOX 104  
CITY - ST - ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
DONALD E. KENT  
STREET ADDRESS  
2900 BUTTONWOOD  
CITY - ST - ZIP  
MIRAMAR FL

TITLE ☐ DELETE

NAME  
PAUL H. MOODY  
STREET ADDRESS  
8530 JOHNSON ST.  
CITY - ST - ZIP  
PEMBROKE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
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

11955 Brim Way  
Cooper City FL 33026

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

333 SW 161 Ave  
Pembroke Pines, FL 33027

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Pembroke Pines, FL 33024

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 supplement to 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: M.J. McKinney Jr. 05/10/96 (305) 751-8543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)