

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90151 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 157295

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
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 03/01/1949	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-0602110	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCKINNEY, MICHAEL J. JR.	
STREET ADDRESS	2241 N W 87TH TERR	
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCKINNEY, BARBARA L	
STREET ADDRESS	2241 N W 87TH TERR	
CITY-ST-ZIP	PEMBROKE PINES, FL 00000	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MCKINNEY, MICHAEL J	
STREET ADDRESS	2001 NW 88TH TERR.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DONALD HELMS	
STREET ADDRESS	11955 BRIM WAY	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DONALD E. KENT	
STREET ADDRESS	333 SW 161 AVE.	
CITY-ST-ZIP	PEMBROKE PINE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PAUL H. MOODY	
STREET ADDRESS	8530 JOHNSON ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T
6.3 STREET ADDRESS	GALLIGHER, KEVIN J.
6.4 CITY-ST-ZIP	1007 N. 76 TERR HOLLYWOOD, FL 33024

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other I am empowered.

SIGNATURE: *[Signature]* 4/29/99 305-751-8543

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

CR2E034 (1/198)