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

PROFIT CORPORATION ANNUAL REPORT



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

J.E. MCLEAN AND SONS, INC.

U.E. MOE	Erit fulb cono, in						
Principal Place of Business Mailing Address				(194122 1114 (1911 2414) 1811 (1811 411) 1811 1811 1811 1811 1811 1811			
601 N. VALRICO, FL. VALRICO FL 33594		601 N. VALRICO. FL. VALRICO FL 335 94					
				3. Date Incorporated or Qualified 09/06/1967	3a . D	ate of Last Report 04/25/1995	
Principal Place of Business Total		2a, Mailing Address 26		4. FEI Number		Applied For	
				59-0741957		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	etc.	5. Certificate of Status Desired	г	\$8.75 Additional	
		27			Fee Required		
City & State		City & State		6. Election Campaign Financing	Г"	5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation has liability fo			

MCLEAN, J. E., III 601 N. VALRICO RD. **VALRICO, 33594**

	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees								
intry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No								
Ι	10. Name and Address of New Registered Agent								
81	Name								
82	Street Address (P.O. Box Number is Not Acceptable)								
83									
84	City B5 Zip Code								

11. Pursuant to or registere familiar with	1 1 11 11 11 11 1		, the above named corpo d by the corporation's boa	ration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am				
SIGNATURE Signature specified name of registered again and title if applicable. NOTE Registered Again; signature recovered when reliestating: DATE DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PO	□ DELETE	1. 1 TOLE	Change Addition				
NAME	MCLEAN III,J E		1.2 NAME					
STREET ADDRESS	717 N. VALRICO ROAD		1.3 STREET ADORESS					
CITY-ST-7:P	VALRICO FL		1.4 C(1Y-ST-ZIP					
TOLE	SD	DELETE	2. 1 T(TLE	Change Change Addition				
NAME	ENGLISH, RONALD C		2.2 NAME					
STREET ADDRESS	2030 WASHINGTON ROAD		2 3 STREET ADDRESS					
CITY-ST-2iP	VALRICO FL		2 4 C(1Y - ST - Z)F					
TITLE	VO	DELETE	3 1 TOLE	Change Addition				
NAME	MCLEAN, MILLICENT L		3.2 NAME					
STREET ADDRESS	717 N. VALRICO ROAD		3.3 STREET ADDRESS					
CITY - ST - ZIP	VALRICO FL		3.4 CH Y~ST - ZIP					
TITLE	TD	DELETE	4. 1 1 TLF	Change Addition				
NAME	ENGLISH, CYNTHIA M.		4.2 NAME					
STREET ADDRESS	2030 WASHINGTON ROAD		4.3 STREET ADDRESS					
CHTY - ST - ZIP	VALRICO FL		4.4 CITY+ ST - 7IF					
TITLE		DELETE	5. 1 T/TLE	Change Addition				
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY - \$1 - ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6. 1 TITLE	Change Addition				
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

14. If 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 certify 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 addless.

SIGNATURE:

SIGNATURE:

Bionature and typeo or printed Name of Signing officer or Director

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