

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

FILED

**Mar 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 484545 (9)
1. Corporation Name
MCCULLY CONSTRUCTION COMPANY



Principal Place of Business: **1503 W SMITH ST PO BOX 540284 ORLANDO FL 32854**
Mailing Address: **1503 W SMITH ST PO BOX 540284 ORLANDO FL 32854-0284**

3. Date Incorporated or Qualified: **09/16/1975**
3a. Date of Last Report: **04/30/1996**

2. Principal Place of Business (21-24):
21. Suite/Apt. #, etc.
22. City & State
23. Zip
24. Country

4. FEI Number: **59-1621361**
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

9. Name and Address of Current Registered Agent:
**MCCULLY, W E
1503 W. SMITH
ORLANDO FL 32804**

10. Name and Address of New Registered Agent (81-85):
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 607.0502 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 | P | <input type="checkbox"/> DELETE |
| NAME | MCCULLY, W E | |
| STREET ADDRESS | 2920 N WESTMORELAND | |
| CITY - ST - ZIP | ORLANDO FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | MCCULLY, DAVID E. | |
| STREET ADDRESS | 4210 ARBOR OAKS | |
| CITY - ST - ZIP | ORLANDO FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MCCULLY, DORIS | |
| STREET ADDRESS | 2920 N. WESTMORELAND | |
| CITY - ST - ZIP | ORLANDO FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MCCULLY, WALTER A. | |
| STREET ADDRESS | 63 INTERLAKEN RD. | |
| CITY - ST - ZIP | ORLANDO FL | |
| 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 | <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 | V. President and Secretary <input checked="" type="checkbox"/> Change <input checked="" 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 type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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.

SIGNATURE: **W.E. McCully** *W.E. McCully* **1-3-97 407-4256661**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)