

**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 # 495408  
1. Corporation Name  
**MC.KINNON'S CONSTRUCTION COMPANY, INC.**

Principal Place of Business Mailing Address  
**14621 Polk Street, 14621 Polk Street,  
Richmond Heights, FL 33176 Richmond Heights, FL 33176**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 14621 Polk Street	26 14621 Polk Street	05/10/76	05/30/95
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Richmond Heights, FL	28 Richmond Heights FL	59-1490449	Not Applicable
24 33176-7533 25 USA	29 33176-7533 30 USA	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
MC.KINNON, DOUGLAS 14621 Polk Street, Richmond Heights, FL 33176-7533		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D/S/T <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC.KINNON, DOUGLAS	2. NAME	
STREET ADDRESS	14621 Polk Street,	3. STREET ADDRESS	
CITY-ST-ZIP	Richmond Heights, FL 33176-7533	4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. 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 *Douglas McKinnon* DOUGLAS MC.KINNON, President 06/24/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)