

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 526599 (6)

1. Corporation Name

T.K. MCKENZIE BUILDERS, INC.

Principal Place of Business

**8809 29TH STREET EAST
PARRISH FL 34219
US**

Mailing Address

**8809 29TH STREET EAST
PARRISH FL 34219
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/24/1977

3a. Date of Last Report

01/31/1994

4. FEI Number

59-1727327

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under 6, 100.032,
Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

Country

9. Name and Address of Current Registered Agent

**MCKENZIE, THOMAS K
6715 121ST AVE. N.
LARGO FL 34643**

10. Name and Address of New Registered Agent

81 Name

MCKENZIE, THOMAS K

82 Street Address (P.O. Box Number is Not Acceptable)

8809 29th ST. E.

83

84 City

PARRISH

FL

85 Zip Code

34219

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 this 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

Karen E. McKenzie

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

4/10/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

SD

NAME

MCKENZIE, KAREN E

STREET ADDRESS

5801 107TH TERR. N.

CITY-ST-ZIP

PINELLAS PARK FL

TITLE

VD

NAME

MCKENZIE, R.D.

STREET ADDRESS

5801 107TH TERR. N.

CITY-ST-ZIP

PINELLAS PARK FL

TITLE

PD

NAME

MCKENZIE, T K

STREET ADDRESS

5801 107TH TERR. N.

CITY-ST-ZIP

PINELLAS PARK FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SD

1.2 NAME

MCKENZIE, KAREN E.

1.3 STREET ADDRESS

8809 29th ST. E.

1.4 CITY-ST-ZIP

PARRISH, FL. 34219

2.1 TITLE

VD

2.2 NAME

MCKENZIE, R.D.

2.3 STREET ADDRESS

8809 29th ST. E.

2.4 CITY-ST-ZIP

PARRISH, FL. 34219

3.1 TITLE

PD

3.2 NAME

MCKENZIE, TK

3.3 STREET ADDRESS

8809 29th ST. E.

3.4 CITY-ST-ZIP

PARRISH, FL. 34219

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

Karen E. McKenzie, Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN E. MCKENZIE

4-21-95

DATE

813-776-1415

Telephone Number