

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 # 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

3. Date Incorporated or Qualified: 02/24/1977
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 651 10th St. E	26 651 10th St. E.	59-1727327	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State: Palmetto, Fl.	28 City & State: Palmetto, Fl.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip: 34221	29 Zip: 34221	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Country: U.S.	30 Country: U.S.		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKENZIE, THOMAS K
8809 29TH ST. E.
PARRISH FL 34219

81 Name	McKenzie, Thomas K.
82 Street Address (P.O. Box Number is Not Acceptable)	
83	651 10th St. E.
84 City	Palmetto
85 Zip Code	FL 34221

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

(Signature, typed or printed name of registered agent at date of filing)

(Signature, typed or printed name of registered agent at date of filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCKENZIE, KAREN E	
STREET ADDRESS	8809 29TH ST. E.	
CITY-ST-ZIP	PARRISH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCKENZIE, R.D.	
STREET ADDRESS	8809 29TH ST. E.	
CITY-ST-ZIP	PARRISH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCKENZIE, T.K.	
STREET ADDRESS	8809 29TH ST. E.	
CITY-ST-ZIP	PARRISH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	651 10th St. E.
4. CITY-ST-ZIP	Palmetto, Fl. 34221
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	651 10th St. E.
8. CITY-ST-ZIP	Palmetto, Fl. 34221
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	651 10th St. E.
12. CITY-ST-ZIP	Palmetto, Fl. 34221
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. 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: *Thomas K. McKenzie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

941-722-6620
Daytime Phone #

CR2E034 (12/95)