

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **638018** (2)
1. Corporation Name
MCCULLOUGH CONSTRUCTION, INC.



Principal Place of Business C/O RICHARD MCCULLOUGH 409 CANDLEWOOD LANE NAPLES FL 34110 US	Mailing Address C/O RICHARD MCCULLOUGH 409 CANDLEWOOD LANE NAPLES FL 33942 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2338 Immokalee Rd Suite, Apt. #, etc. 22 Suite 137 City & State 23 NAPLES FL Zip 24 34110 Country 25 Collier		2a. Mailing Address 26 2338 Immokalee Rd Suite, Apt. #, etc. 27 Suite 137 City & State 28 NAPLES FL Zip 29 34110 Country 30 Collier		3. Date Incorporated or Qualified 10/01/1979	4. FEI Number 59-2659301 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MCCULLOUGH, RICHARD F. 409 CANDLEWOOD LANE NAPLES FL 34110				10. Name and Address of New Registered Agent 81 Name Richard F McCullough 82 Street Address (P.O. Box Number is Not Acceptable) 2338 Immokalee Rd 83 Suite 137 84 City NAPLES FL 85 Zip Code 34110			
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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]* X **4/24/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCULLOUGH, RICHARD F.			1.2 NAME	McCullough, Richard F.		
STREET ADDRESS	409 CANDLEWOOD LANE			1.3 STREET ADDRESS	2338 Immokalee Rd		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	NAPLES FL 34110		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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: *[Signature]* X **4/24/98** X **94597-585**

CR2E034 (10/97)