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**Apr 30 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 # 645218 (9)
1. Corporation Name
J.H. MCGREGAN & SONS, INC.



Principal Place of Business: **940 NE INDUSTRIAL BLVD
JENSEN BEACH FL 34957**
Mailing Address: **940 NE INDUSTRIAL BLVD
JENSEN BEACH FL 34957-5005**

3. Date Incorporated or Qualified: **11/14/1979**
3a. Date of Last Report: **08/05/1996**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
City & State (22, 27)
Zip (23, 28)
Country (24, 29)

4. FEI Number: **59-1955312**
Applied For: Yes No
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
**MCGREGAN, JAMES H.
1473 CROTON STREET
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	MCGREGAN, JAMES H.	
STREET ADDRESS	1473 CROTON STREET	
CITY - ST - ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	PATRICK J. MCGREGAN		
2.3 STREET ADDRESS	1473 CROTON STREET		
2.4 CITY - ST - ZIP	JENSEN BEACH, FL 34957		
3.1 TITLE	SEC-TREASURER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	MICHAEL MCGREGAN		
3.3 STREET ADDRESS	1473 CROTON STREET		
3.4 CITY - ST - ZIP	JENSEN BEACH, FL 34957		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *James H. McGregan* **4/22/97** **561-334-0235**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
048830

CR2E034 (9/96)