

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 646970

(4)

LYTELL MCALLISTER CONSTRUCTION, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business

16401 SW PALOMINO STREET
P.O. BOX 253
INDIANTOWN FL 34956

Mailing Address

16401 SW PALOMINO STREET
P.O. BOX 253
INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1979

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1955367

Applied For
☐ Not Applicable

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. The corporation has liability for intangible tax under C. 190.020,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

29

Country

30

9. Name and Address of Current Registered Agent

**MCALLISTER, CARROLL S.
16401 S.W. PALOMINO STREET
INDIANTOWN FL 33456**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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 607.0504, Florida Statutes.

SIGNATURE

(Signature of Agent) (Signature of Registered Agent) (Signature of Registered Agent)

(Signature of Agent) (Signature of Registered Agent) (Signature of Registered Agent)

(Signature of Agent)

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST., ZIP

**PD
MCALLISTER, LYTELL
16401 S.W. PALOMINO ST.
INDIANTOWN FL**

12.2

NAME

STREET ADDRESS

CITY, ST., ZIP

**SD
MCALLISTER, CARROLL S.
16401 S.W. PALOMINO ST.
INDIANTOWN FL**

12.3

NAME

STREET ADDRESS

CITY, ST., ZIP

12.4

NAME

STREET ADDRESS

CITY, ST., ZIP

12.5

NAME

STREET ADDRESS

CITY, ST., ZIP

12.6

NAME

STREET ADDRESS

CITY, ST., ZIP

12.7

NAME

STREET ADDRESS

CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

13.2

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

13.3

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

13.4

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☐ Change ☐ Addition

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☐ Change ☐ Addition

13.6

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CITY, ST., ZIP

☐ Change ☐ Addition

13.7

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ 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(1)(b), 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 197, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Carroll S. McAllister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-597-2214
Telephone Number

4-27-95