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May 14 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 # 646970 (4)

1. Corporation Name  
LYTELL MCALLISTER CONSTRUCTION, INC.

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 34956-0253



3. Date Incorporated or Qualified 12/03/1979  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1955367	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		
Country	Country		
25	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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *Carroll S. McAllister* *Carroll S. McAllister* DATE: 4-30-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V/D
NAME	MCALLISTER, LYTELL	1.2 NAME	McAllister, Matthew S.
STREET ADDRESS	16401 S.W. PALOMINO ST.	1.3 STREET ADDRESS	16401 SW Palomino St
CITY-ST-ZIP	INDIANTOWN FL	1.4 CITY-ST-ZIP	Indian town FL 34956
TITLE	SD	2.1 TITLE	
NAME	MCALLISTER, CARROLL S.	2.2 NAME	
STREET ADDRESS	16401 S.W. PALOMINO ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Carroll S. McAllister* *Carroll S. McAllister* DATE: 4-30-97 DAYTIME PHONE: 561-592-8214  
0474216

CR2E034 (9/96)