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Mar 26 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 # **823733** (1)
1. Corporation Name
MCCRORY CONSTRUCTION COMPANY, INC.



Principal Place of Business: **1280 ASSEMBLE ST. P.O. BOX 145 COLUMBIA SOUTH CAROLINA 29202**
Mailing Address: **1280 ASSEMBLE ST. P.O. BOX 145 COLUMBIA SOUTH CAROLINA 29202-0145**

3. Date Incorporated or Qualified: **11/25/1969**
3a. Date of Last Report: **03/20/1996**
4. FEI Number: **57-0404547** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ATC	<input type="checkbox"/> DELETE
NAME	ROSEBROCK, DEL	
STREET ADDRESS	58 OLD STILL RD.	
CITY-ST-ZIP	COLUMBIA, SC 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICHARDS, CLARENCE	
STREET ADDRESS	9724 WYLE ROAD	
CITY-ST-ZIP	HOPKINS, SC 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	THARP, JAMES	
STREET ADDRESS	1280 ASSEMBLY ST.	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BYARS, JACK C	
STREET ADDRESS	1132 BAYWATER DR	
CITY-ST-ZIP	W COLUMBIA SC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, FRANK T	
STREET ADDRESS	RT 1 BOX 340 NA	
CITY-ST-ZIP	PROSPERITY SC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COUSSON, KENNETH J	
STREET ADDRESS	107 BOULDER TOP CT	
CITY-ST-ZIP	W COLUMBIA SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Elizabeth Tharp	
1.3 STREET ADDRESS	1819 MARION ST.	
1.4 CITY-ST-ZIP	Columbia, SC 29201	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

4. 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, unchanged, or on an attachment with an address.

SIGNATURE: *Del A. Rosebrock* Del A. Rosebrock 3/19/97 803-799-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo, Year #

CR2E034 (9/96)