

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90083 040 ***150.00

DOCUMENT # 823733
 1. Entity 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
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632811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1280 ASSEMBLY STREET Suite, Apt. #, etc. PO BOX 145 City & State COLUMBIA, SC	3. Mailing Address 1280 ASSEMBLY STREET Suite, Apt. #, etc. PO BOX 145 City & State COLUMBIA, SC
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4. FEI Number 57-0404547	Applied For <input type="checkbox"/> Not Applicable
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Zip 29202	Country	Zip 29202	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VS NAME ROSEBROCK, DEL STREET ADDRESS 58 OLD STILL RD. CITY-ST-ZIP COLUMBIA, SC 00000	<input type="checkbox"/> Delete
TITLE TD NAME THARP, JAMES STREET ADDRESS 1280 ASSEMBLY ST. CITY-ST-ZIP COLUMBIA SC	<input type="checkbox"/> Delete
TITLE D NAME THARP, ELIZABETH STREET ADDRESS 1819 MARION ST CITY-ST-ZIP COLUMBIA SC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: Del Rosebrock Date: 3/30/00 Daytime Phone #: 803 799-8100