

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F11882**

(0)

1. Corporation Name

**JAY MCCOY CONSTRUCTION, INC.**

Principal Place of Business

**21820 SW 254 STREET  
HOMESTEAD FL 33031  
US**

Mailing Address

**21820 S.W. 254 STREET  
HOMESTEAD FL 33031-1407  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/30/1980</b>		3a. Date of Last Report <b>06/03/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2294527</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GREENBERG, STEWART G  
10689 SW 88TH ST, STE 205  
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent: signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>VP</b>
NAME	<b>MCCOY, SANDRA</b>	1.2 NAME	<b>Bergmann, Christopher A.</b>
STREET ADDRESS	<b>21820 SW 254TH ST</b>	1.3 STREET ADDRESS	<b>21820 SW 254 St.</b>
CITY - ST - ZIP	<b>HOMESTEAD FL</b>	1.4 CITY - ST - ZIP	<b>HOMESTEAD, FL. 33031</b>
TITLE	<b>PD</b>	2.1 TITLE	
NAME	<b>MCCOY, JAMES B</b>	2.2 NAME	
STREET ADDRESS	<b>21820 SW 254TH ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOMESTEAD FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	3.1 TITLE	
NAME	<b>SHELOW, WILLIAM T.</b>	3.2 NAME	
STREET ADDRESS	<b>22000 SW 262 STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOMESTEAD FL</b>	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:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

(305) 245-8345

CR2E034 (9/96)