

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90052 004 ***150.00

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1. Entity Name
MCKIBBON BROTHERS, INC.



Principal Place of Business
**402 WASHINGTON ST.
GAINESVILLE, GA 30501**

Mailing Address
**P.O. BOX 1018
GAINESVILLE, GA 30503**

44004147



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-0556299

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

\$150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MCKIBBON, J.B.
STREET ADDRESS	402 WASHINGTON ST
CITY-ST-ZIP	GAINESVILLE, GA 30501
TITLE	D
NAME	STURDIVANT, GAINES
STREET ADDRESS	402 WASHINGTON ST
CITY-ST-ZIP	GAINESVILLE, GA 30501
TITLE	D
NAME	HARRIS, RICHARD M
STREET ADDRESS	402 WASHINGTON ST.
CITY-ST-ZIP	GAINESVILLE, GA 30501
TITLE	DP
NAME	MCKIBBON, JOHN B III
STREET ADDRESS	402 WASHINGTON ST
CITY-ST-ZIP	GAINESVILLE, GA 30501
TITLE	V
NAME	MCKIBBON, STEVE P
STREET ADDRESS	402 WASHINGTON ST
CITY-ST-ZIP	GAINESVILLE, GA 30501
TITLE	S
NAME	JACKSON, DENNIS W
STREET ADDRESS	402 WASHINGTON ST
CITY-ST-ZIP	GAINESVILLE, GA 30501

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis W. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 770 534-3381

Date

Daytime Phone #