

9-17-97 B-8386 C-
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003777 (7)

1. Corporation Name
MCLAKE GRINDING & GROOVING COMPANY

Principal Place of Business
2066 NORTH RICHMOND RD., STE. 422
MCHENRY IL 60050

Mailing Address
2066 NORTH RICHMOND RD., STE. 422
MCHENRY IL 60050

FILED
Sep 17 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1996	3a. Date of Last Report
4. FEI Number 36-3819576	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4400 MCCULLUM LAKE ROAD Suite, Apt. #, etc. 22 MS HENRY, IL City & State 23 60050 Zip 24 Country	2a. Mailing Address 26 4400 MCCULLUM LAKE ROAD Suite, Apt. #, etc. 27 MS HENRY, IL City & State 28 60050 Zip 29 Country
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9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVERT, WANDA R	1.2 NAME	MASS, WANDA L.
STREET ADDRESS	4908 MCCULLUM LAKE RD.	1.3 STREET ADDRESS	4400 MCCULLUM LAKE ROAD
CITY-ST-ZIP	MCHENRY IL 60050	1.4 CITY-ST-ZIP	MS HENRY, IL 60050
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASS, KATHLEEN A	2.2 NAME	
STREET ADDRESS	4908 MCCULLUM LAKE RD.	2.3 STREET ADDRESS	4400 MCCULLUM LAKE ROAD
CITY-ST-ZIP	MCHENRY IL 60050	2.4 CITY-ST-ZIP	MS HENRY, IL 60050
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASS, NEVA L	3.2 NAME	
STREET ADDRESS	4908 MCCULLUM LAKE RD.	3.3 STREET ADDRESS	4400 MCCULLUM LAKE ROAD
CITY-ST-ZIP	MCHENRY IL 60050	3.4 CITY-ST-ZIP	MS HENRY, IL 60050
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, on an attachment with an address.

SIGNATURE: Wanda L. Mass 9-15-97 (815) 385-7336

CR2E034 (4/97)