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DOC	CORPORATION NUAL REPORT 1996 CUMENT # G	23900	FLORIDA DEPAI Sandra I Secreta DIVISION OF (B. Morth ary of St	nam ate						
1. Corpor	ration Name MCGEEHAN CONSTI		(0)								
								i in a san taga t		JU BYÐU BUÐU JÐF	D.
1	Place of Business	Mailin	g Address					i din aan ahan a			
C/O JOS	H STREET SOUTH SEPH MCGEEHAN ERSBURG FL 33711	C/0	46TH STREET SOUT JOSEPH MCGEEHA PETERSBURG FL 33	N		3 Dat	e Incorporated or Qualifie				
2 Princina	el Place of Business					0	2/09/1983		te of Last 16/29/1 9	Report 995	ł
21	SIT 1000 OF DUSINESS	P*************************************	illing Address				Number		7,00,	Applied For	
Suite, A	vpt. #, etc.		Suite, Apt. #, etc.				59-2292397			Not Applicat	
22 City & S	State	27	/ & State			<u> </u>	5. Certificate of Status Desired			3.75 Additional Fee Required	
23 Zip	Country	28 Zip				Trus	tion Campaign Financing t Fund Contribution	LJ	Add	00 May Be led to Fees	
24	25	29	<u> </u>	Cοι 30	intry	8. This	corporation has liability for	or intangible t	ax under	s 199.032,	-
	g. Name and Address	of Current Registere	d Agent	30]	<u></u>		da Statutes You You Address of New	os 🗌 No			
700 4	EEHAN, JOSEPH 6TH STREET SOUTH ETERSBURG FL 33711				83	Address (P.O. Bo	ox Number is Not Accept	able)			
11. Pursua	nt to the provisions of Sections	607.0000						FI	85 Z	ip Code	
or regis	nt to the provisions of Sections stered agent, or both, in the Stawith, and accept the obligation	te of Florida. Such cha	08, Florida Statutes, nge was authorized	the abo	ve named cor	poration submit	s this statement for the p	urpose of cha	nging its	registered offi	ice
SIGNATURE	Signature, typod or printed name of rea							pointment as	registere	d agent. I am	
12.	OFFI	CERS AND DIRECTOR	ie. (NOTE: I		Agent signature rec	au red when reinstating		DATE			-
TITLE	PD		DELETE	13.		ADDI	TIONS/CHANGES TO OF	FICERS AND	DIRECTO	DRS IN 12	⊣წ
NAME STREET ADDRESS		1		1.2 NA	i			Ĺ] Change	Addition	CR2E034 (12/95)
CITY-ST-ZIP	LARGO FL				Y-ST-ZIP						0
TITLE	STD MCGEEHAN, C.J.		DELETE	2.171					1 Change	☐ Addition	— 兴
NAME STREET ADDRESS	****			2.2 NA	ME			L_] Onunge		
CITY-ST-ZIP	ST. PETERSBURG FL			2351	EET ADDRESS						ĺ
TITLE			DELETE		Y-ST-ZIP						
NAME			[Diffet	3, 1 1()] Change	Addition	\exists
STREET ADDRESS	3			3.2 NAM	REET ADDRESS						İ
CITY-ST-ZIP				4	(-ST-ZIP						
TITLE			DELFTE	4. 1 TIT							
NAME				4.2 NAN	fE			L_) Change	Addition	
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CITY-ST-ZIP TITLE				44 CITY	- S1 - ZIP						-
NAME			DEL ETE	5 1 TIT	E				Change	Addition	\dashv
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CITY-ST-ZIP					ET ADDRESS						1
TITLE			DELETE		- ST - ZIP						
tha bar				6. 1 THL	C			Ë	Channe	[] Addition	7

CITY-SI-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated by this annual report is true and accurate and that my signature shall have the same logal effect as if made under appears in Block 12 or plock 13 if changed or an improve a way to execute this report as required by Chapter 607, Florida Statutes; and that my name SIGNAZUHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

813323 Day 53

Joseph F.M. Backon 4-29.96

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP