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FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H14876 (7)

1. Corporation Name  
MCGIFFEN-SHIPPS CONSTRUCTION, INC.



Principal Place of Business  
% JOHN MCGIFFEN  
7790 CLUB LANE - THE ENCLAVE  
SARASOTA FL 34238

Mailing Address  
46 N. WASHINGTON BLVD.  
SUITE 1  
SARASOTA FL 34236-5977  
US

3. Date Incorporated or Qualified 07/30/1984  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 109 OVERLEA WAY

2a. Mailing Address  
26 109 Overlea Way

4. FFI Number 59-2431454  
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

23 VENICE FL

28 Venice FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 34292 Country

29 34292 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, JOHN  
46 N. WASHINGTON BLVD., #1  
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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 NAME ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME MCGIFFEN, JOHN W.  
STREET ADDRESS 7790 CLUB LN-THE ENCLAVE  
CITY-ST-ZIP SARASOTA FL

1.2 NAME  
1.3 STREET ADDRESS 8916 WHITEMARSH AVE.  
1.4 CITY-ST-ZIP SARASOTA FL 34238

TITLE NAME ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SHIPPS, PETER E  
STREET ADDRESS 227 WOODINGHAM LANE  
CITY-ST-ZIP VENICE FL 34292

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME CHAMBERLAIN, FRED C  
STREET ADDRESS 3976 BERLIN DR  
CITY-ST-ZIP SARASOTA FL 34233

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME VP, AS  
4.3 STREET ADDRESS EGGLESTON, SUSAN E  
4.4 CITY-ST-ZIP 109 Overlea Way  
Venice FL 34292

TITLE NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
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.

(941) 497-4786

CR2E034 (9/96)