

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **H42326** (9)  
1. Corporation Name:  
**MALONE-SCOTT CONSTRUCTION, INC.**

Principal Place of Business: **% E. MICHAEL MALONE  
100 PARNELL ST.  
MERRITT ISLAND FL 32953**

Mailing Address: **PO BOX 541028  
MERRITT ISLAND FL 32954-1028  
US**

2. Principal Place of Business: **21**

26. Mailing Address: **26**

22. State, Apt. #, etc.: **22**

27. State, Apt. #, etc.: **27**

23. City & State: **23**

28. City & State: **28**

24. Zip: **24**

25. Country: **25**

29. Zip: **29**

30. Country: **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/12/1985**

3a. Date of Last Report: **05/01/1994**

4. FFI Number: **59-2489001**

Applied Fee: **Not Applicable**

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

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

7. This corporation has liability for intangibles for Article 5, 1991 (35) Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**MALONE, E. MICHAEL  
100 PARNELL ST.  
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81. Name:

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

83.

84. City:

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME: <b>PD MALONE, E. MICHAEL</b>	1. STREET ADDRESS: <b>100 PARNELL ST. MERRITT ISLAND FL</b>	1. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: <b>V MALONE, LESLIE C.</b>	2. STREET ADDRESS: <b>100 PARNELL STREET MERRITT ISLAND FL</b>	2. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME:	3. STREET ADDRESS:	3. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME:	4. STREET ADDRESS:	4. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME:	5. STREET ADDRESS:	5. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	6. STREET ADDRESS:	6. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME:	7. STREET ADDRESS:	7. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME:	8. STREET ADDRESS:	8. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I am submitting herewith the information supplied with this filing as voluntarily prepared and does not qualify for the exemptions stated in Sections 119.071 and Florida Statutes. I further certify that the information provided 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 in person. I am an officer or director of the corporation or the registered agent or both and I am submitting this report as required by Chapter 119, Florida Statutes, and I am filing my report as required in Block 1, or Block 13, if changed, or in an amendment with an addendum.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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