FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 14 1997 8:00am Secretary of State

POCUMENT # H52732 (5) MCKINNEY INDUSTRIAL SALES, INC.					4 4 4 4
Principal Place of Business		Mailing Address			
\$20 W. MAIN STREET LAKE HELEN FL 32744 US		520 W. MAIN ST. PO BOX 40. LAKE HELEN FL 32744-0040		Date Incorporated or Qualified 3a. Date of Last Report	
					5/01/1996
<u> </u>		2a. Mailing Address		4. FE1 Number	Applied For
21 Subs. Ass. 4		26		59-2614908	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangib	·····
24	25	29	30	Florida Statutes	
<u> </u>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
	(INNEY, DERWARD J.		l Name	•	
188 S. EUCLID AVE.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
LAKI	E HELEN FL 32744		83		
			84 City	F	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 manie of registered agent	and the state of t			F
12.	OFFICERS AND		Off Registered Agent signature re 13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PDT	DELETE	1.1 TITLE		Change Addition
NAME	MCKINNEY, DERWARD J.		1.2 NAME		
STREET ADDRESS	186 S. EUCLID AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE HELEN FL		1.4 CITY - ST - 7IP		
TITLE	VDS	DELETE	2 1 1HLE		Change Addition
NAME	MCKINNEY, PATRICIA C.		2.2 NAME		
STREET ADDRESS	186 S. EUCLID AVE.		23 STREET ADDRESS		
CITY-ST-ZIP TITLE	LAKE HELEN FL	DELETE	2. 4 C/TY - S1 - 7/P 3.1 TITLE		Change Addition
NAME			3.2 NAME		Fit comittee
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 T(TLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T sucre	4 4 CHY- ST- 7IP		
TITLE		☐ DELĒTĒ	5.1 HILE		Change Addition
NAME Street Address			5.2 NAME		
CITY-ST-ZIP			5 3 STRLET ADDRESS 5 4 City - St - Zip		
TITLE		DETETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP		
	by certify that the information supplies	with this filing does not qual		ted in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the

supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that if the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name or on any attachment with an address.