

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90029 023 ***150.00

DOCUMENT # J32037

1. Corporation Name

MCMAHAN BUILDERS, INC.

Principal Place of Business

% GARRY MCMAHAN
1203 SW LIVE OAK COVE
PORT ST. LUCIE FL 34986

Mailing Address

% GARRY MCMAHAN
1203 SW LIVE OAK COVE
PORT ST. LUCIE FL 34986

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1986

4. FEI Number

59-2715812

Applied For

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MCMAHAN, GARRY
1203 SW LIVE OAK COVE
PORT ST. LUCIE FL 34986

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME MCMAHAN, GARRY
STREET ADDRESS 2838 ARCHER CIR
CITY-ST-ZIP SALEM VA

TITLE VP ☐ DELETE

NAME MCMAHAN, PAUL
STREET ADDRESS 1203 SW LIVE OAK COVE
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE V ☒ DELETE

NAME MCMAHAN, KERWIN
STREET ADDRESS 1203 SW LIVE OAK COVE
CITY-ST-ZIP PORT ST LUCIE FL 34986

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director
McMahan, Kerwin
1203 SW Live Oak Cove
Port St. Lucie, Fl. 34986

Secretary
McMahan, Mabel
1203 SW Live Oak Cove
Port St. Lucie, Fl. 34986

14. I 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, with all other like empowered.

SIGNATURE:

Paul McMahan VP

Paul McMahan VP 02/28/99 (561)871-1272

Date

Daytime Phone #

CR2E034 (1/98)