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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # J70846 (7) 1. Corporation Name							
MCFARLIN CONSTRUCTION COMPANY, INC.							
Principal Place of Business		Mailing Address		r od Etria Driv ia Drif a Didt skir deb	IN AIN AIAIS AIRIS AIAIS BIAIS BIAIS	tti didil 1881	
100 WALLACE AVE		323 BOB WHITE WAY					
STE 205			3				
US	ASOTA FL 34234 US				3. Date Incorporated or Qualified	3a. Date of Last Repo	ort I
				04/30/1987	06/08/1995	,	
2. Principa	ipal Place of Business 2a. Mailing Address				4. FEI Number	App	plied For
21	26				59-2871364	Not	t Applicable
22	ze, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	□ \$8.75 A Fee Rec	
	ry & State City & State				6. Election Campaign Financing	\$5.00	May Be
23	28 To				Trust Fund Contribution	Added to	
Ζιρ 24	Ccuntry Zip 25 29 30		Count	ry		 This corporation has liability for intangitule tax under s 199.032, Florida Statutes ☐ Yes ☐ No 	
24	9. Name and Address of Curre		1301		10. Name and Address of New I		
			8	1 Name	,,,,		
MCFARLIN, HENRY B.				82 Street Address (P.O. Box Number is Not Acceptable)			
323 BOB WHITE WAY			1	2 Street Au	diess (1.0. box Million is Not Acceptal	NO)	
SARASOTA FL 34236			8	3			
			8	4 City		85 Zip C	ode
				7		FL i	
or regi	ant to the provisions of Sections 607.050 stered agent, or both, in the State of Flo with, and accept the obligations of, Se	orida. Such change was authori	zed by the car	-named corp poration's bo	oration submits this statement for the pu pard of directors. I hereby accept the app	rpose of changing its regi ointment as registered ag	stered office ent. I am
SIGNATUR	E						
12.	Signature, typed or printed hance of registered agent and title if applicable. (NOTE: I OFFICERS AND DIRECTORS			restored Agont signature received when renstating. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TOTLE	8) 574		1.1 TITL	F 1	ADDITIONS/CHANGES TO OFF		Addition
NAME	MCFARLIN, HENRY B		1.2 NAMI	i		□ evenige (
STHEET ADDRE	AND DOD HARRY MALL			ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	1.4 CiTy - SI - ZiP		Į.			
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NAME			2.2 NAME				
STREET ADDRE	ss		2.3 STREET ADDRESS				
CITY-ST-ZIP			2 4 CiTy				
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NAME			3.2 NAM	1			
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NAME			4.1 HTC			L. J Change L	KOOMON
	REET ADDRESS			ET ADDRESS			
DITY-ST-ZIP			4.4 City	·			
TITLE			5 1 TiTLE			☐ Change [Addition
NAME	IAME		5.2 NAM	.			
STREET ADDRE	ss		5.3 \$1RE	ET ADDRESS			
CITY - ST - ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6. 1 T(TL)			Change [Addition
NAME			6.2 NAM	1			
STREET ADDRE	SS			E1 ADORESS			
C-TY-ST-ZiP	reby cartify that the information supplier	durith this floor is naturated in fire	6.4 CITY		for the exemption stated in Spation 110	07/07/17 51-14- 01-4	14.45

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 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.

SIGNATURE: HEAT B. Mc Far (In Pres 4-6.46 944951-1141