

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

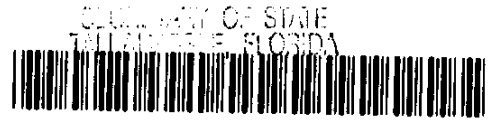
PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K73864** (6)  
1. Corporation Name  
**MCCONNELL INDUSTRIES, INC.**

95 SEP 11 AM 9:22



Principal Place of Business: 4595 34TH AVENUE NORTH, 5011 ELEVENTH AVENUE NORTH, ST. PETERSBURG FL 33713, US  
Mailing Address: 4595-34TH AVENUE NORTH, 5011 ELEVENTH AVENUE NORTH, ST. PETERSBURG FL 33713, US

3. Date Incorporated or Qualified: 03/20/1989  
3a. Date of Last Report: 07/06/1995

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

4. FEI Number: 59-2953356  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MCCONNELL, JOANNE W.**  
4595-34TH AVENUE NORTH  
ST. PETERSBURG FL 33713

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

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when terminating)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MCCONNELL, JOANNE W.	
STREET ADDRESS	4595-34TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	DELETE
NAME	MCCONNELL, CECIL A.	
STREET ADDRESS	4595-34TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
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		
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		

800001955648  
-09/24/96-01184-016  
\*\*\*\*233.75 \*\*\*\*295.75

*A. Jean*  
9-11-96

14. 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: *Joanne McConnell* 9-7-96 813-5274595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (12/95)