

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L64475 (1)
1. Corporation Name
NATIONAL RETAIL CONSTRUCTION INCORPORATED

Principal Place of Business
**C/O D MICHAEL MCCONNELL
1342 SE 46TH LANE STE 1
CAPE CORAL FL 33904
US**

Mailing Address
**C/O D MICHAEL MCCONNELL
1342 SE 46TH LANE STE 1
CAPE CORAL FL 33904
US**

**APPROVED
AND
FILED**

95 APR 19 PM 4:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 04/11/1990	3a. Date of Last Report 04/26/1994
4. FEI Number Z 65-0158926	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. 194.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCONNELL, D. MICHAEL 1342 SE 46TH LANE STE 1 CAPE CORAL FL 33904				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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCONNELL, LEWIS J.	1.2 NAME	
STREET ADDRESS	818 COLUMBINE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BISHOP CA	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCONNELL, D. MICHAEL	2.2 NAME	
STREET ADDRESS	1342 SE 46TH LANE STE 1	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCONNELL, BETTY L.	3.2 NAME	
STREET ADDRESS	181 COLUMBINE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BISHOP CA	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCONNELL, DIANE	4.2 NAME	
STREET ADDRESS	1342 SE 46TH LANE STE 1	4.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David M. McConnell* **D. Michael McConnell 4-3-95** 813 - 572-3905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #