

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 # **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**

2. Principal Place of Business  
21 **1342 S. E. 46th Lane**  
Suite, Apt. #, etc.  
22 **Suite 1**  
City & State  
23 **Cape Coral, FL**  
Zip  
24 **33904** 25 **Lee**

2a. Mailing Address  
26 **1342 S.E. 46th Lane**  
Suite, Apt. #, etc.  
27 **Suite 1**  
City & State  
28 **Cape Coral, FL**  
Zip  
29 **33904** 30 **Lee**

3. Date Incorporated or Qualified **04/11/1990** 3a. Date of Last Report **04/19/1995**  
4. FEI Number **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. 199.032,  
Florida Statutes ☐ Yes ☐ No  
10. Name and Address of New Registered Agent

9. Name and Address of Current 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  
85 Zip Code **FL**

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 is required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	<b>MCCONNELL, LEWIS J.</b>	
STREET ADDRESS	<b>818 COLUMBINE DRIVE</b>	
CITY - ST - ZIP	<b>BISHOP CA</b>	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>MCCONNELL, D. MICHAEL</b>	
STREET ADDRESS	<b>1342 SE 46TH LANE STE 1</b>	
CITY - ST - ZIP	<b>CAPE CORAL FL</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>MCCONNELL, BETTY L.</b>	
STREET ADDRESS	<b>181 COLUMBINE DRIVE</b>	
CITY - ST - ZIP	<b>BISHOP CA</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>MCCONNELL, DIANE</b></del>	
STREET ADDRESS	<del><b>1342 SE 46TH LANE STE 1</b></del>	
CITY - ST - ZIP	<del><b>CAPE CORAL FL</b></del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **D Michael McConnell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/96**

**941-542-3774**  
Daytime Phone

CR2E034 (12/95)