

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



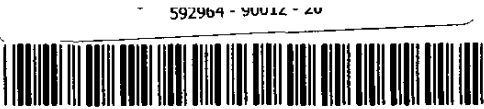
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 21, 1999 8:00 am
Secretary of State
07-21-1999 90012 020 ***550.00

DOCUMENT # P00152
1. Corporation Name
MCINNIS CORPORATION

Principal Place of Business
1120 PARKER ST
P.O. DRAWER 9423
MONTGOMERY AL 36108-0423
US

Mailing Address
1120 PARKER ST
P.O. DRAWER 9423
MONTGOMERY AL 36108-2314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/06/1983	
City & State		City & State		4. FEI Number	
Zip		Zip		63-0590869	
Country		Country		Applied For	
24		30		Not Applicable	
25		29		5. Certificate of Status Desired	
26		27		<input type="checkbox"/> \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing	
29		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
30		30		8. This corporation owes the current year Intangible Personal Property.	
31		31		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM		81 Name	
1200 S. PINE ISLAND ROAD		82 Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCILLE R MCINNIS	1.2 NAME	
STREET ADDRESS	1120 PARKER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNIS, JOHN M. JR.	2.2 NAME	
STREET ADDRESS	1120 PARKER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER MORGAN	3.2 NAME	
STREET ADDRESS	1120 PARKER ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNIS, TIMOTHY N	4.2 NAME	
STREET ADDRESS	1120 PARKER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* 7/15/99 (334) 264-3474

CR2E034 (5/99)