FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00876

(3)

Mailing Address

MCKINNEY CONSTRUCTION CO., INC.

FILED
Feb 26 1997 8:00am
Secretary of State

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731 EDGEWILD ORANGE CITY US			731 EDGEWIL ORANGE CIT US	.D CT. Y FL 32763-64	36					
							3. Date Incorporated or Qualified 02/09/1984	3a. Date of Last 02/27/1996	3	
<u> </u>	liace of Business		26. Mailing A	ddress			4. FEI Number		Applied For	
21	AL . 1		26				37-1048036		Not Applicable	
Suite Apt			27	o. Certificate of Status Desired			Fee I	Additional Required		
City & Stat			City & Sta	ite			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Ζιρ 24	25	Country	Zip 29	Zip Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and	Address of Curr	ent Registered Age	nt		·····	10. Name and Address of New Reg	Istered Agent		
MC	KINNEY, DANIEI	L G.			81	Name				
731 EDGEWILD CT ORANGE CITY FL 32763 82 Street Address (P.O. Box Number is Not Acceptable)			e)							
	WOOL OIT 12 (22,00			83	83				
					84	l '			o Code	
			502 and 607.1508, F le of Florida. Such c gations of, Section 6				poration submits this statement for the pi ation's board of directors. I hereby accep	rpose of changing t the appointment a	its registered as registered	
SIGNATURE										
	Signature, typed or prin		igent and tide if applicable	{NOTE		ent signature requ	lired when reinstating)	DATE		
12.	PD	OFFICERS A	ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICE			
		NAMEL O		JUTLETE	1.1 TITLE	İ		Change	Addition	
NAME	MCKINNEY, I 731 EDGEWIL				1.2 NAME					
STREET ADORESS					1.3 STREE	ADDRESS				
CITY-S1-ZIP	ORANGE CIT	T PL		50.50	1.4 CITY - 3	ST-ZIP				
TITLE	VST	SEABOLL		DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME	1			1			
STREET ADDRESS	731 EDGEWIL				2.3 STREET	AODRESS			1	
CITY-ST-ZIP	ORANGE CIT	YFL			2. 4 CITY-	\$1 - ZiP	- 3			
TITLE			L	DELETE	3.1 TETLE			L Change	Addition	
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREET	ADDRESS			ţ	
CITY - ST - ZIP					3.4. CITY -	ST-ZIP				
TITLE				DELETE	4.1 TITLE			Change	Addition	
NAME					4. 2 NAME				l	
STREET ADDRESS					4.3 STREET	ADDRESS			I	
C:TY - ST - ZIF					4.4 CITY - 5	ST-ZIP				
THILE				DELETE	5.1 TITLE			Change	Addition	
NAME					5.2 NAME				į	
STREET ADDRESS					5.3 STREET	ADDRESS			ľ	
CITY - ST - ZIP					5.4 CITY - 5	ST-ZIP			ł	
TITLE				DELETE	6.1 TITLE			Change	Addition	
NAME					6.2 NAME			-		
STREET ADDRESS					6.3 STREET	ADDRESS				
CITY-ST-ZIP					6 4 CITY-5	l				
	by certify that the	information suppl	and with this filling do	es not qualify			id in Section 119 07/3Vi). Florida Statutes	Literapor contidu the	ut the	

If do hereby certify that the information supplied with this fling 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 it 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 13/1 changed or on an attemptation with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION

2/19/97 (904)789-1515