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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P08401

MCDONALD CONSTRUCTION COMPANY, INC. OF GEORGIA

	· ,								
Principal Place	e of Business	Mailing Address	-					RIBII AINII AINI	AIBII AIAIL INN
402 MAIN ST. N	N.E.	402 MAIN ST. N.E.							
P.O. BOX 568 P.O. BC		P.O. BOX 568				DO NOT WRITE IN THIS SPACE			
VIDALIA GA 30474 VIDALIA GA 30474					3. Date Incorporated or Qualifed				
						12/13/1985			
2 Principal Di	lace of Business	2a. Mailing Address				4. FEI Number		- A	pplied For
Z. Principal Pi	lace of business	26				58-1495239			ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional
¬ ''	w, 610.	27				5. Certifcate of Status Desired	; 🗆	•	equired
City & State	e	City & State	* **			6. Election Campaign Financi	na _	\$5.00	May Be
23		28				Trust Fund Contribution	.,a □	•	to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the	current year Ir	ntangible	
24	25	29	30			Personal Property Tax.		□Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of Ne	w Registered	l Agent	
	Some of the state of the			81	Name				
CAL	HOUN, HARVEY L PABLO POINT DRIVE	DARM ON THE 1569	100.000	82	Street Addre	ess (P.O. Box Number is Not Acc	eptable)		
		ALAMA UNITER TOTAL	CAMPA		011001712	. 300 . 5 0 4 4 4 4 5 4 5 4 5 4 5 4 5 4 5 4	91 1000	* *** **********	neri neri isa
JACH	ksonville fl 32225			83					
				84	City	125 212 27 22 47 17 13 11 4 4	er appartanciente. Tradatan pare inter	85 Zip	Code
		range and the same	1		,	•	FI	_ !	}
office of p	to the provisions of Sections 607.050; egistered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change wa	as authorized	d by ti	named corpo he corporatio	oration submits this statement for n's board of directors. I hereby a	the purpose o coept the appo	of changing its pintment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (N	NOTE: Registered	d Agent	signature required	when reinstating) ; ' , + ; ; (-	DATE		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (ND DIRECTORS	NOTE: Registered		signature required	when reinstating) , , , , , , , , , , , , , , , , , , ,			
	Signature, typed or printed name of registered agen	n died das ii appropriet	13.		signature required			ND DIRECT	
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.		signature required	ADDITIONS/CHANGES TO			
12.	Signature, typed or printed name of registered agen OFFICERS AN PD MCDONALD, LINDY	D DIRECTORS	13. 1.1 TI 1.2 N	TTLE IAME	signature required	ADDITIONS/CHANGES TO			
12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD MCDONALD, LINDY	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C	TTLE IAME	ADDRESS	ADDITIONS/CHANGES TO		Change	☐ Addition
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C	TITLE HAME STREET /	ADDRESS	ADDITIONS/CHANGES TO			☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agents of PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI	TITLE HAME STREET /	ADDRESS	ADDITIONS/CHANGES TO		Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD.	D DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N	TITLE HAME STREET / CITY-ST- TITLE WAME	ADDRESS	ADDITIONS/CHANGES TO		Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD.	D DIRECTORS DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C	TITLE HAME STREET / TITLE HAME STREET / CITY-ST-	ADDRESSZIP	ADDITIONS/CHANGES TO		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD. VIDALIA GA ST	D DIRECTORS DELETE	13. E 1.1 TI 12 N 1.3 S 1.4 C E 2.1 TI 2.2 N 2.3 S 2.4 C E 3.1 TI 5.1 TI	TITLE HAME STREET / CITY-ST- TITLE HAME STREET / CITY-ST	ADDRESSZIP	ADDITIONS/CHANGES TO		Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD. VIDALIA GA ST DURRENCE, GWEN	D DIRECTORS DELETE	13. E 1.1 TI 12 N 1.3 S 1.4 C E 2.1 TI 2.2 N 2.3 S 2.4 C E 3.1 TI 5.1 TI	TITLE HAME STREET / TITLE HAME STREET / CITY-ST-	ADDRESSZIP	ADDITIONS/CHANGES TO		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD. VIDALIA GA ST DURRENCE, GWEN ROUTE 5 BOX 227-37	D DIRECTORS DELETE	13. E 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C E 3.1 T 3.2 N	TITLE MAME STREET / CITY-ST- TITLE MAME STREET / CITY-ST	ADDRESSZIP	ADDITIONS/CHANGES TO	OFFICERS A	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD. VIDALIA GA ST DURRENCE, GWEN	D DIRECTORS DELETE DELETE DELETE	13.5 1.1 T1 1.2 N 1.3 S 1.4 C 2.1 T1 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	TITLE JAME STREET / CITY-ST- TITLE JAME STREET / CITY-ST TITLE JAME STREET / CITY-ST TITLE JAME STREET / CITY-ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS A	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD. VIDALIA GA ST DURRENCE, GWEN ROUTE 5 BOX 227-37 LYONS GA VD	D DIRECTORS DELETE	13.5 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti	TITLE JAME STREET / CITY-ST- TITLE JAME STREET / CITY-ST TITLE JAME STREET / CITY-ST TITLE JAME STREET / CITY-ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD. VIDALIA GA ST DURRENCE, GWEN ROUTE 5 BOX 227-37 LYONS GA VD WILLIAMSON, EDWARD	D DIRECTORS DELETE DELETE DELETE	13.5 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti	TITLE JAME STREET / CITY-ST- TITLE JAME STREET / CITY-ST TITLE JAME STREET / CITY-ST TITLE JAME STREET / CITY-ST	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS A	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD. VIDALIA GA ST. DURRENCE, GWEN ROUTE 5 BOX 227-37 LYONS GA VD WILLIAMSON, EDWARD RT. 3	D DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S	TITLE AAME ATTENTION ATTENTION	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ADDITIONS/CHANGES TO	OFFICERS A	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of registered agent OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD. VIDALIA GA ST. DURRENCE, GWEN ROUTE 5 BOX 227-37 LYONS GA VD WILLIAMSON, EDWARD RT. 3 VIDALIA GA	D DIRECTORS DELETE DELETE DELETE DELETE ADMINISTRATING DELETE	13.5 1.1 T1 1.2 N 1.3 S 1.4 C 2.1 T1 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C	TITLE AAME ATTENTION ATTENTION	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE	OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RO. VIDALIA GA ST DURRENCE, GWEN ROUTE 5 BOX 227-37 LYONS GA VD WILLIAMSON, EDWARD RT. 3 VIDALIA GA D	D DIRECTORS DELETE	13.5 1.1 T1 1.2 N 1.3 S 1.4 C 2.1 T1 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T	TITLE AME STREET / CITY-ST- TITLE AME STREET / CITY-ST TITLE AME STREET / CITY-ST TITLE AME STREET / CITY-ST TITLE AME STREET /	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS	ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition Addition Addition
12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	Signature typed or printed name of registered agent OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RO. VIDALIA GA ST. DURRENCE, GWEN ROUTE 5 BOX 227-37 LYONS GA VD WILLIAMSON, EDWARD RT. 3 VIDALIA GA D SUTTON, GARY	D DIRECTORS DELETE DELETE DELETE DELETE ADMINISTRATING DELETE	13.3	TITLE AME TREET / TITLE AME TREET / TITLE AME TITLE AME TITLE AME TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE	Signature typed or printed name of registered agent OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD. VIDALIA GA ST. DURRENCE, GWEN ROUTE 5 BOX 227-37 LYONS GA VD WILLIAMSON, EDWARD RT. 3 VIDALIA GA D SUTTON, GARY LEE ST	D DIRECTORS DELETE DELETE DELETE DELETE ADMINISTRATING DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	TITLE AME TREET / TITLE AME TREET / TITLE AME TITLE AME TITLE AME TITLE TITLE AME TITLE TIT	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of registered agent OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD. VIDALIA GA ST. DURRENCE, GWEN ROUTE 5 BOX 227-37 LYONS GA VD WILLIAMSON, EDWARD RT. 3 VIDALIA GA D SUTTON, GARY LEE ST METTER GA	D DIRECTORS DELETE DELETE DELETE DELETE ADMINISTRATION STATE ADMINISTRATION STATE	13.3	TITLE JAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS A	Change Change Change Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name of registered agent OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD. VIDALIA GA ST. DURRENCE, GWEN ROUTE 5 BOX 227-37 LYONS GA VD WILLIAMSON, EDWARD RT. 3 VIDALIA GA D SUTTON, GARY LEE ST METTER GA	D DIRECTORS DELETE DELETE DELETE DELETE ADMINISTRATING DELETE	13. E 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C E 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	TITLE AME TREET / TITLE VAME TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD MCDONALD, LINDY RT. 5 BOX 64 LYONS GA D WILLIAMSON, BOBBY JOE RT. 3 LOOP RD. VIDALIA GA ST LYONS GA VD WILLIAMSON, EDWARD RT. 3 VIDALIA GA D SUTTON, GARY LEE ST METTER GA	D DIRECTORS DELETE DELETE DELETE DELETE ADMINISTRATION STATE ADMINISTRATION STATE	13. 1.1 T	TITLE AME TREET / TITLE VAME STREET / TITLE VAME STREET / STREET / TITLE VAME STREET / STREET / TITLE VAME STREET / TITLE VAME STREET / TITLE VAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITIONS/CHANGES TO	OFFICERS A	Change Change Change Change	Addition Addition Addition

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 suppliemental 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

SIGNATURE

1/14/99

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90055 032 ***150.00

(912) 537-4181