

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 ^{2-21-95 8-1406-C}

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:11

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P16887 (2)
1. Corporation Name
YUNDT & MCCANN CONSTRUCTION LIMITED, INC.

Principal Place of Business Mailing Address
LOT 8 & 9, CONC. 3, ELLICE TWP.
STRATFORD ONTARIO
CANADA N5A 6S8

3. Date Incorporated or Qualified 11/19/1987
3a. Date of Last Report 02/17/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

4. FBI Number NOT APPLICABLE 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

9. Name and Address of Current Registered Agent
KELLY, PETER J.
SHACKLEFORD, FARRIOR, STALLINGS & EVANS
501 EAST KENNEDY BLVD., SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent
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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCCANN, GARY D.
STREET ADDRESS	90 WADDELL ST.
CITY - ST - ZIP	STRATFORD ONTARIO CA
TITLE	VSD
NAME	MCCANN, JAMES L.
STREET ADDRESS	16 BURWELL STREET
CITY - ST - ZIP	STRATFORD ONTARIO CA
TITLE	AST
NAME	MCCANN, MATTHEW
STREET ADDRESS	182 NORWOOD COURT
CITY - ST - ZIP	STRATFORD ON X Sebringville, Ont
TITLE	D
NAME	MCCANN, MATTHEW
STREET ADDRESS	182 NORWOOD COURT
CITY - ST - ZIP	STRATFORD ON X Sebringville, Ont
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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: Gary D. McCann Feb 10/95 519-271-0353
PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE (Typed Name)
 President