

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 # **P16887** (2)

1. Corporation Name

YUNDT & MCCANN CONSTRUCTION LIMITED, INC.



Principal Place of Business: **LOT 8 & 9, CONC. 3, ELLICE TWP. STRATFORD ONTARIO CANADA N5A 6S8**
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: **02/21/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **NOT APPLICABLE**
Applied For: 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 (delete if applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCANN, GARY D.	
STREET ADDRESS	90 WADDELL ST.	
CITY-ST-ZIP	STRATFORD ONTARIO CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MCCANN, JAMES L.	
STREET ADDRESS	16 BURWELL STREET	
CITY-ST-ZIP	STRATFORD ONTARIO CA	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	MCCANN, MATTHEW	
STREET ADDRESS	193 BOYCE STREET	
CITY-ST-ZIP	SEBRINGVILLE ON	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCANN, MATTHEW	
STREET ADDRESS	193 BOYCE STREET	
CITY-ST-ZIP	SEBRINGVILLE ON	
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: *Gary D. McCann*
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gary D. McCann, President

Jan. 31 / 96 619-271-0353
Date Date of Filing Date of Filing
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CR2E034 (12/95)