

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

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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000043897 (6)

1. Corporation Name
UHRIG & MACKENZIE, INC.



Principal Place of Business 1989 SW BILTMORE ST PORT ST. LUCIE FL 34984 US	Mailing Address 1989 S.W. BILTMORE ST. PORT ST. LUCIE FL 34984-3417
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3. Date Incorporated or Qualified 06/22/1993	3a. Date of Last Report 02/05/1996
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21. Principal Place of Business 1989 SW BILTMORE ST	26. Mailing Address 1989 SW BILTMORE ST
22. State, Apt. #, etc. PORT ST. LUCIE, FL.	27. State, Apt. #, etc. PORT ST. LUCIE
23. City & State	28. City & State FLORIDA
24. Zip 34984	25. Country ST. LUCIE
29. Zip 34984	30. Country ST. LUCIE

4. FEI Number 22-2282247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MACKENZIE, ROBERT
3779 SATINWOOD CT
PORT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name **ROBERT MACKENZIE**

82 Street Address (P.O. Box Number is Not Acceptable)
MAILING ADDRESS: 1989 SW BILTMORE ST

83

84 City **PORT ST. LUCIE, FL** 85 Zip Code **34984**

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: *Lorraine Mackenzie* V.P. DATE: **4-9-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACKENZIE, LORRAINE		1.2 NAME	
STREET ADDRESS 3779 SATINWOOD CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP PORT ST. LUCIE FL		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACKENZIE, ROBERT		2.2 NAME	
STREET ADDRESS 3779 SATINWOOD CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do 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: *Lorraine Mackenzie* V.P. DATE: **4-9-97** 561-340-1666

CR2E034 (9/96)