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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:11

DOCUMENT # P93000086341 (3)

1. Corporation Name

MCBRINN CONSTRUCTION CO.

Principal Place of Business

9744 CAMBERLEY CIR
ORLANDO FL 32836

Mailing Address

9744 CAMBERLEY CIR
ORLANDO FL 32836

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/13/1993

3a. Date of Last Report

02/28/1994

2. Principal Place of Business

2a. Mailing Address

21

N/A

26

N/A

4. FEI Number

59-3213254

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 City & State

28 City & State

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

24 Zip

Country

29 Zip

Country

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCBRINN, JAMES D
9744 CAMBERLEY CIR
ORLANDO FL 32836

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, typewritten printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCBRINN, JAMES D
STREET ADDRESS	9744 CAMBERLEY CIR.
CITY-ST-ZIP	ORLANDO FL
TITLE	VP
NAME	MCBRINN, SYLVIA
STREET ADDRESS	9744 CAMBERLEY CIR.
CITY-ST-ZIP	ORLANDO FL
TITLE	T
NAME	MCBRINN, JAMES D
STREET ADDRESS	9744 CAMBERLEY CIR.
CITY-ST-ZIP	ORLANDO FL
TITLE	S
NAME	MCBRINN, SYLVIA
STREET ADDRESS	9744 CAMBERLEY CIR.
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE:

J.D. McBrinn

1/12/95 (407) 876-4492

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR