CR2E034 (11/98)

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 # P94000014945

1. Corporation Name

MCCLAIN CONTRACTING, INC.

Principal Place of Business

Mailing Address

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90070 045 ***150.00



3581 S. APOPKA AVE. 3581 S. APOPKA AVE. INVERNESS FL 34452 INVERNESS FL 34452							
INVERNESS FL	34432	MACHINESS LC 24435			DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					02/21/1994		i
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	26		59-3228521	<u> </u>	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27	27		5. Certifcate of Status Desired	Fee F	Required
City & State		City & State	<u> </u>		6. Election Campaign Financing	\$5.00	May Be
23		28	8		Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current	vear Intangible	
24	25	29	30		Personal Property Tax.	X Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Reg	istered Agent	
ļ			- 1	Name			
MCCLAIN, PATRICIA			Į.			, -	
3581	S. APOPKA AVE.		{ }	32 Street Add	dress (P.O. Box Number is Not Acceptable	*)	}
INVERNESS FL 34452			<u> </u>	33			
			}	~ }			}
<u> </u>				34 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							
l office or re	egistered agent, or both, in the State	of Florida. Such change was aut	horized	by the corporat	tion's board of directors. I hereby accept the	ne appointment as r	egistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: F	Registered A	gent signature requi	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITL	E		☐ Change	Addition
NAME (MCCLAIN, PATRICIA		1.2 NAM	E			Į.
STREET ADDRESS	3581 S APOPKA AVE		I -	EET ADDRESS			}
CITY-ST-ZIP	INVERNESS FL			-ST-ZIP			{
TITLE	VP	☐ DELETE	2.1 7171			Change	Addition
NAME I	MCCLAIN, MILTON		2.2 NAM	1			
1 1	3581 S. APOPKA AVE.		4	J			i
STREET ADDRESS				EET ADDRESS	•		}
CITY-ST-ZIP	INVERNESS FL 34452	☐ DELETE	3.1 TITL	r-ST-ZIP		☐ Change	Addition
]		- Occeto				[_] onlingo	
NAME			3.2 NAM				l
STREET ADDRESS			1	EET ADDRESS			1
CITY-ST-ZIP				/-ST-ZIP			
TITLE		☐ DELETE	4.1 TiTL	Ī		Change	Addition
NAME .			4. 2 NAJ	1E			ļ
STREET ADDRESS			4.3 STR	EET ADDRESS			J
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL			Change	Addition
NAME			5.2 NAN	E)
STREET ADDRESS			5.3 STR	EET ADDRESS			ĺ
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			☐ Change	☐ Addition
NAME			6.2 NAM	Ε			Ī
STREET ADDRESS			6.3 STR	EET ADDRESS			ļ
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			į
	ertify that the information supplied v	vith this filing does not qualify for t	ne exem	ption stated in	Section 119.07(3)(i), Florida Statutes. I ful	rther 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, with all other like empowered.

SIGNATURE:

* PATRICIA MCCLAIN

2/11/99

352-344-1362