

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

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Apr 09 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 # P94000048990 (3)

1. Corporation Name
MCKENZIE BUILDERS, INC.



Principal Place of Business 651 10TH ST. E PALMETTO FL 34221 US	Mailing Address 651 10TH ST. E PALMETTO FL 34221-4025 US
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3. Date Incorporated or Qualified 06/30/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0506124	Applied For 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCKENZIE, ROY D 8809 29 ST. EAST PARRISH FL 34219
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Palmetto FL 85 Zip Code 34221

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	MCKENZIE, ROY D
STREET ADDRESS	8809 29TH ST. EAST
CITY - ST - ZIP	PARRISH FL 34219
TITLE	<input type="checkbox"/> DELETE
NAME	MCKENZIE, B. GAIL
STREET ADDRESS	8809 29TH ST. EAST
CITY - ST - ZIP	PARRISH FL 34219
TITLE	<input type="checkbox"/> DELETE
NAME	MCKENZIE, T K
STREET ADDRESS	8809 29TH ST. EAST
CITY - ST - ZIP	PARRISH FL 34219
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	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	651 10th St. E.
1.4 CITY - ST - ZIP	PALMETTO, FL. 34221
2.1 TITLE	T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	651 10th St. E.
2.4 CITY - ST - ZIP	PALMETTO, FL. 34221
3.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	651 10th St. E.
3.4 CITY - ST - ZIP	PALMETTO, FL. 34221
4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cynthia Chalken
4.3 STREET ADDRESS	651 10th St. E.
4.4 CITY - ST - ZIP	PALMETTO, FL. 34221
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 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, unchanged, or on an attachment with an address.

SIGNATURE: Roy D. McKenzie 4/9/97 (941) 722-6620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)