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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000100045 (9)

1. Corporation Name
J. MCGARVEY CONSTRUCTION COMPANY, INC.



Principal Place of Business: 840 N LENOLA ROAD MOORESTOWN NJ 08057
Mailing Address: 840 N LENOLA ROAD MOORESTOWN NJ 08057-1041

3. Date Incorporated or Qualified: 12/06/1996
3a. Date of Last Report

2. Principal Place of Business: 21 8665 BAY COLONY DR. 22 1801
2a. Mailing Address: 26 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

23 NAPLES FL 28 City & State
24 34108 25 USA 29 30 City & State

4. FEI Number: 58-2279206
Applied For: Not Applicable

6. 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

10. Name and Address of New Registered Agent

PRICE, R. SCOTT
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 34105

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: D MCGARVEY, JOHN, 840 N LENOLA ROAD 951, MOORESTOWN NJ 08057. Includes DELETED checkboxes.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes Change and Addition checkboxes.

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: [Signature] REQUIRED 2-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011236

CR2E034 (9/96)