

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90079 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100045

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



Principal Place of Business 12730 COMMONWEALTH DR UNIT 1 FT MYERS FL 33913 US	Mailing Address 12730 COMMONWEALTH DR UNIT 1 FT MYERS FL 33913 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3521 BONITA BAY BLVD.	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BONITA SPRINGS	City & State 28
Zip 24 34134	Country 25 USA
	Country 29
	Country 30

3. Date Incorporated or Qualified 12/06/1996	Applied For Not Applicable
4. FEI Number 58-2279206	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRICE, R. SCOTT 2640 GOLDEN GATE PARKWAY SUITE 315 NAPLES FL 34105	
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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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARVEY, JOHN	1.2 NAME	JOHN S. MCGARVEY
STREET ADDRESS	12730 COMMONWEALTH DR	1.3 STREET ADDRESS	3521 BONITA BAY BLVD.
CITY-ST-ZIP	FT MYERS FL 33913	1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARVEY, JOANNE H	2.2 NAME	JOANNE H. MCGARVEY
STREET ADDRESS	12730 COMMONWEALTH DR	2.3 STREET ADDRESS	3521 BONITA BAY BLVD.
CITY-ST-ZIP	FT MYERS FL 33913	2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134
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 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, with all other like empowered.

SIGNATURE: *J. S. McGarvey* **1-11-99 941-992-8940**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOHN S. MCGARVEY, PRES.** Date: _____ Daytime Phone #: _____

CR2E034 (11/98)