

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 2000

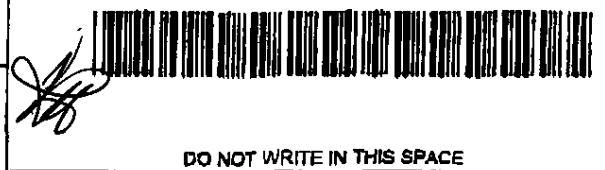
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100045

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

Principal Place of Business: 2730 COMMONWEALTH DR UNIT 1 FT MYERS FL 33913 IS

Mailing Address: 12730 COMMONWEALTH DR UNIT 1 FT MYERS FL 33913 US



2. Principal Place of Business: 3521 BONITA BAY BLVD. Suite, Apt. #, etc. City & State: BONITA SPRINGS Zip: 34134 Country: USA

2a. Mailing Address: 3521 BONITA BAY BLVD. Suite, Apt. #, etc. City & State: BONITA SPRINGS, FL Zip: 34134 Country: USA

3. Date Incorporated or Qualified: 12/06/1996

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

5. 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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
PRICE, R. SCOTT
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 34105

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

I, 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, typed or printed name of authorized agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

2. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: MCGARVEY, JOHN	
STREET ADDRESS: 12730 COMMONWEALTH DR	
CITY-STATE-ZIP: FT MYERS FL 33913	
TITLE: S	<input type="checkbox"/> DELETE
NAME: MCGARVEY, JOANNE H	
STREET ADDRESS: 12730 COMMONWEALTH DR	
CITY-STATE-ZIP: FT MYERS FL 33913	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: JOHN S. MCGARVEY	
1.3 STREET ADDRESS: 3521 BONITA BAY BLVD.	
1.4 CITY-STATE-ZIP: BONITA SPRINGS, FL 34134	
2.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: JOANNE H. MCGARVEY	
2.3 STREET ADDRESS: 3521 BONITA BAY BLVD.	
2.4 CITY-STATE-ZIP: BONITA SPRINGS, FL 34134	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS: 700003419917-7	
3.4 CITY-STATE-ZIP: -10/10/00--01009--005	
4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-STATE-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-STATE-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-STATE-ZIP:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. McGarvey* 1-11-99 941-992-8940



3521 Bonita Bay Boulevard, Bonita Springs, Florida 34134

941/992-8940 • Fax 941/992-8676

September 13, 2000

DIVISION OF CORPORATIONS
P. O. Box 6327
Tallahassee, FL 32314

RE: DOC.#P96000100045
Year 2000

Gentlemen:

Enclosed please find the Profit Corporation Annual Report for 2000. Please note we did not receive our original 2000 form because the mailing address was incorrect. The current mailing address is noted in Section 2a.

We are also enclosing our check in the amount of \$150.00 which represents our filing fee.

Please call me if you have any questions. Thank you very much.

Cordially,

J. MC GARVEY CONSTRUCTION CO., INC.

A handwritten signature in black ink, appearing to read 'JSMcGarvey', written over a horizontal line.

John S. McGarvey
President

JSMcG:jhm
Enc.
cc: R. Scott Price, Esq.