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 # P97000049358

1, Corporation Name

MC CULLY CONTRACTING INC

Zip	Country 25	Zip 29	Country	8. T		
City & State		28		6. E		
Suite, Apt. #, etc.	·	Suite, Apt. #, etc.————————————————————————————————————		5. C		
2. Principal Place of Business		2a. Mailing Address	4. F			
				3. D		
900 SE 10TH TERR DEERFIELD BEACH FL 33441		900 SE 10TH TERR DEERFIELD BEACH FL 33441				
Principal Place of Business		Mailing Address	1			

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90209 024 ***150.00



Principal Place of Business	Mailing Address			E 10011065 II D LEVIT (6414 BONT BENT BONT CENT GIBIO 19100 1910 1910 1910			
00 SE 10TH TERR 900 SE 10TH TERR DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441		DO NOT WRITE IN THIS SPACE					
				3. Date Incorporated or Qualifed 06/02/1997			
Principal Place of Business 2a. Mailing Address			,	4. FEI Number Applied For			
21	26			65-0765612 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt: #, etc.————————————————————————————————————			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	City & State	-		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country 24 25	Zip 30	Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ Yes			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
MCCULLY, JAMES G		81	Name				
900 SE 10TH TERR DEERFIELD BEACH FL 33441		82	Street	Street Address (P.O. Box Number is Not Acceptable)			
		83					
· ·		84	City	FL 85 Zip Code			
 Pursuant to the provisions of Sections 607.050/ office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation 	of Florida. Such change was autho	nzea by	tne corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered			
SIGNATURE	LOTE D			equired when reinstating) DATE .			
Signature, typed or printed name of registered agen		<u>_</u> _	il signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12. OFFICERS AND DIRECTORS 13.		1.1 TITLE		Abbinons/charges 10 or rocks and bincers to in 12			
TITLE P		1.1 11110		J Statige Lay (19319)			

agent. I a	Trialital Hist, and accept the conganione					
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	egistered Agent signature n	equired when reinstating) DATE	•	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II			RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	•	Change	Addition
NAME	MCCULLY, JAMES G		1.2 NAME			1
STREET ADDRESS	900 S E 10TH TERACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	DECKFIELD BEACH FL 33441		1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE		Change	Addition
NAME	MCCULLY, MATTHEW M		2.2 NAME			
STREET ADDRESS	900 SE 10TH TERR	,	2.3 STREET ADDRESS	rage was selected to		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		2.4 CJTY-ST-ZIP			
TIILE		☐ DELETE	3.1 TITLE	`	Change	☐ Addition
NAME			3.2 NAME	•	•	,
STREET ADDRESS			3.3 STREET ADDRESS		•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	. 5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		,	5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME ',			6.2 NAME			
STREET ADDRESS	•		6.3 STREET ADDRESS			
CITY-ST-ZIP .	<u></u>		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: