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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000002781

1. Corporation Name
 MIKE CLANCY CONSTRUCTION, INC.



Principal Place of Business: 2013 SE HANFORD RD, PORT ST LUCIE FL 34952
 Mailing Address: 2013 SE HANFORD RD, PORT ST LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1998

4. FEI Number: 65-0804591 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: CLANCY, THERESA J, 2013 SE HANFORD RD, PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V.P.	NAME: Stephen J. Clancy	1.1 TITLE: V.P.	1.2 NAME: Stephen J. Clancy
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	1.3 STREET ADDRESS: 2013 SE Hanford Rd.	1.4 CITY-ST-ZIP: Port St. Lucie FL 34952
TITLE: [Blank]	NAME: [Blank]	2.1 TITLE: Treas.	2.2 NAME: Kathleen A. Clancy
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	2.3 STREET ADDRESS: 2013 SE Hanford Rd.	2.4 CITY-ST-ZIP: Port St. Lucie FL 34952
TITLE: [Blank]	NAME: [Blank]	3.1 TITLE: Director	3.2 NAME: Michael D. Clancy III
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	3.3 STREET ADDRESS: 6812 SW 45th Ave.	3.4 CITY-ST-ZIP: Gainesville FL 32608
TITLE: [Blank]	NAME: [Blank]	4.1 TITLE: PRES & CEO	4.2 NAME: Michael D. Clancy Jr
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	4.3 STREET ADDRESS: 2013 SE Hanford Rd	4.4 CITY-ST-ZIP: Port St. Lucie FL 34952
TITLE: [Blank]	NAME: [Blank]	5.1 TITLE: [Blank]	5.2 NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	5.3 STREET ADDRESS: [Blank]	5.4 CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	6.1 TITLE: [Blank]	6.2 NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.3 STREET ADDRESS: [Blank]	6.4 CITY-ST-ZIP: [Blank]

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: Michael D. Clancy III
 DATE: 3-19-99
 DAYTIME PHONE #: (561) 335-2660

CR2E034 (1/98)