## 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 # P98000020947 1. Corporation Name

JOHN MCGREGOR CONSTRUCTION, INC.

Principal Place of Business Mailing Address						W  W  W     W      W	18161 <b>68</b> 114 <b>88</b> 118 :	41 <b>4</b> 11 <b>44</b> 11 <b>0</b> 18711 <b>3</b>	\$8\$1 18 <b>8</b> 1 1881
5141 WAUCHUL		5141 WAUCHULA ROAD	•						
MYAKKA CITY		MYAKKA CITY FL 34251							
						DO NOT WR		SPACE	
	• • • • • • • • •			-	3. Date Incorp. 03/04/19	orated or Qualifed 98	<u> </u>		
2. Principal Place of Business . 2a. Mailing Address					4. FEI Number		~~	<u> </u>	lied For
21		26			65-0817807			<del></del>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired   5. Fee Required				
22 City & State		City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	itry		tion owes the cu	rrent vear Int	anoible	
24	25	— · -	30	•	Personal Pr		, , , , , , , , , , , , , , , , , , , ,	☐ Yes (	XNο
24	9. Name and Address of Current		<u></u>			Address of New	Registered		
				81 Name	ماما	mcs	· / P /		
Troyer, Pamela				20 01	ess (P.O. Box Num	her is Not Asses	table)	<u>0</u>	
7543 N LEEWYNN DR				82 Street Addre	ess (P.O. Box Nun	ibei is Not Accep	table) •		
SARASOTA FL 34240				83 / 1// 1	11)0110	10.	00		
				5141	wauc	hula	<u>ra</u>	T-1 -: +	
				84 City	eKKa C	ity	FL	85 Zip Ci	25 I
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the ab	ove-named corpo	oration submits this	statement for the	e purpose of	changing its r	egistered
office or re	egistered agent, or both, in the State of mailing with, and accept the obligat	of Florida. Such change was autions of Section 607.0505. Flori	thorized da Statu	by the corporatio tes.	in's board of directi	ors. I nereby acce	apt the appoir	nimeni as regi	istered
	I has met	la = aa .				TA	il 5/	799	Ι.
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered	Agent signature required	when reinstating)		DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/	CHANGES TO O	FFICERS AN		
TTLE	D	☐ DELETE	1.1 TIT	Æ				Change	Addition
NAME	MCGREGOR, JOHN		1.2 NA	ME					
STREET ADDRESS	5141 WAUCHULA ROAD		1.3 STI	REET ADDRESS					1
CITY-ST-ZIP	MYAKKA CITY FL 34251		1.4 CIT	Y-ST-ZIP					\~
TITLE		☐ DELETE	2.1 TIT	Æ				Change	☐ Addition
-NAME -			· 2.2 NA	ME					
STREET ADDRESS			2.3 STI	REET ADDRESS					
CITY-ST-ZIP			2.4 CI	ry-st-zip					
TITLE		☐ DELETE	3.1 TIT	LE .	****			Change	☐ Addition
NAME		₹.	3.2 NA	WE					İ
STREET ADORESS			3.3 STI	REET ADDRESS					
CITY-ST-ZIP		<b>~</b> .	3.4. CIT	ry-st-zip					
TITLE		☐ DELETE	4.1 TIT					Change	☐ Addition
NAME			4, 2 NA	ME					
STREET ADDRESS			4.3 Sπ	REET ADDRESS					. ~ \
CITY-ST-ZIP				Y-ST-ZIP	=				
TITLE		☐ DELETE	5.1 TIT	<del></del>				Change	☐ Addition
NAME			5.2 NA	i i					
				REET ADDRESS					
STREET ADDRESS	••			Y-ST-ZIP					Ì
	3 75.61.	☐ DELETE	6.1 TIT			<del></del>		Change	Addition
TITLE NAME	⊾్చ. గా		6.2 NA	ME				-	
12211	•		-	1					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90064 007 \*\*\*150.00