


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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90091 019 ***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 # P98000070700

1. Corporation Name
MCNALLY SIGNATURE HOMES, INC.

| | |
|---|---|
| Principal Place of Business 8211 S.W. OLD KANSAS AVENUE STUART FL 34997 | Mailing Address 8211 S.W. OLD KANSAS AVENUE STUART FL 34997 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 595 S.W. HARBOR STREET Suite, Apt. #, etc. 22 City & State 23 STUART, FL Zip 24 34997 Country 25 USA | | 2a. Mailing Address 26 595 S.W. Harbor Street Suite, Apt. #, etc. 27 City & State 28 Stuart, FL Zip 29 34997 Country 30 USA | | 3. Date Incorporated or Qualified 08/13/1998 | |
| 4. FEI Number Applied For | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. \$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

MCNALLY, DON
8211 S.W. OLD KANSAS AVENUE
STUART FL 34997

10. Name and Address of New Registered Agent

| | | | | |
|---------|---|----|---------------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) 595 S.W. HARBOR STREET | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|------------------------|
| TITLE | D | 1.1 TITLE | P/D/T |
| NAME | MCNALLY, DON | 1.2 NAME | MCNALLY, DON |
| STREET ADDRESS | 8211 S.W. OLD KANSAS AVENUE | 1.3 STREET ADDRESS | 595 S.W. HARBOR STREET |
| CITY-ST-ZIP | STUART FL 34997 | 1.4 CITY-ST-ZIP | STUART, FL 34997 |
| TITLE | | 2.1 TITLE | V/S/O |
| NAME | | 2.2 NAME | MCNALLY, NANCY |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 595 S.W. HARBOR STREET |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | STUART, FL 34997 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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: Don McNally DON B. MCNALLY, PRESIDENT 4/29/99 (561) 287-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)