

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V24785 (0)**  
1. Corporation Name  
**MAGUHN CONSTRUCTION, INC.**



Principal Place of Business: **9648 WINDSOR GARDENS LN #203 FT. MYERS FL 33919 US**  
Mailing Address: **9648 WINDSOR GARDENS LN #203 FT. MYERS FL 33919 US**

3. Date Incorporated or Qualified: **03/26/1992**  
3a. Date of Last Report: **07/05/1995**  
4. FEI Number: **65-0324455** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. State, Apt. #, etc. 22. City & State 23. Zip Country 24. 25. 26. Mailing Address: 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. 30.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MAGUHN, JUERGEN  
9648 WINDSOR GARDENS LANE  
#203  
FT. MYERS FL 33919**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Registered Agent (Typed Name and Title) Signature of Registered Agent (Typed Name and Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PST</b>	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MAGUHN, JUERGEN</b>		1.2 NAME:	
STREET ADDRESS: <b>9648 WINDSOR GARDENS LN, SUITE #203</b>		1.3 STREET ADDRESS:	
CITY-STATE-ZIP: <b>FT. MYERS FL 33919</b>		1.4 CITY-STATE-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MAGUHN, JUERGEN</b>		2.2 NAME:	
STREET ADDRESS: <b>9648 WINDSOR GARDENS LN, SUITE #203</b>		2.3 STREET ADDRESS:	
CITY-STATE-ZIP: <b>FT. MYERS FL 33919</b>		2.4 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-STATE-ZIP:		3.4 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-STATE-ZIP:		6.4 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Juergen Maguhn* **JUERGEN MAGUHN** **Feb. 12/96** **941-433-4616**  
Signature and Typed or Printed Name of Signing Officer or Director Date Eastern Standard Time

CR2E034 (12/95)