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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F28165

(1)

MCKENNA HOMES, INC.

FILED Apr 23 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address			FIBRA BACTAL OLIDIA BIYOTA BADIA FIBRA	
3472 PARKLAND ST.		3472 PARKLAND ST.	3472 PARKI AND ST.			
P.O. BOX 2159		P.O. BOX 2159		DO NOT MORE IN TO	IID DDAOE	
TITUSVILLE F	L 32796	TITUSVILLE FL 32796	USVILLE FL 32796		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					04/02/1981	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-2091787	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Sta	te -	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24	25 9. Name and Address of Curren		30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
110		it nodintelen videlit	81	Name	IV. Hame and Address of New Negister	an Whaiir
MCKENNA, JOSEPH M						
3472 PARKLAND ST. TITUSVILLE FL 32796			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
***	USVILLE FL 32/80		83			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above	t e-named corp	noration submits this statement for the purpos	e of changing its registered
office or agent. I a	regi ste red agent, or both, in the State am fam iliar with, and accept the obliga	of Florida. Such change was au ations of, Section 607,0505, Flori	thorized by da Statute:	the corporat	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE				-		
SIGNATORIL	Signature, typed or printed name of registerio age	r Land Me if applicable (NOTE I	Registered Ago	nt signaturo requi	red when reinstating) DAT	£
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD 100/CNINA 100/CDIA 14	☐ DEL ete	1.1 TITLE			☐ Change ☐ Addition
NAME			1.2 NAME			5
STREET ADDRESS	3472 PARKLAND ST. TITUSVILLE FL		1.3 STREET			Į į
CITY-ST-ZIP TITLE	VST	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change Addition
NAME	MCKENNA, PATRICIA D	C petert	2.1 HILE 2.2 NAME			C change C vacation
STREET ADDRESS	A COM DADING ALLED AT		2.3 STREET	ADDRESS		
CITY-ST-ZIP	TITLE OF THE PARTY		2. 4 CITY - 5	•		
TITLE	0	☐ DELETE	3.1 TITLE		- -	Change Addition
NAME	MCKENNA, PATRICIA D		3.2 NAME			
STREET ADDRESS	3472 PARKLAND ST.		3.3 STREET	ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		3.4. CITY-5	ST - ZIP		
TITLE		☐ DELETE	4.1 FITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		· ···· · · · · · · · · · · · · · · · ·	4.4 CITY - ST - ZIP			
TITLE		☐ DELETÉ	5.1 TITLE			Change Addition
NAME	1		5.2 NAME			
STREET ADDRESS	1		5.3 STREET ADDRESS			}
CITY-ST-ZIP		OFICTE	5.4 CITY-ST-ZIP			Change 144300-
TITLE	· P		61 TITLE			Change
NAME STORET ADDDGGG			6.2 NAME	20100101		
STREET ADDRESS			63 STREET			
CITY-ST-ZIP	<u> </u>		6.4 CITY-S	1-ZIP	0 40 00 00 00 00 00 00 00 00 00 00 00 00	

4. 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 logal effect as if made under oalh; 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.