

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **389713** (9)
1. Corporation Name
KISSIMMEE CONSTRUCTION CORPORATION

Principal Place of Business: **255 ALHAMBRA CIR. 9TH FLOOR CORAL GABLES FL 33134-5102**
Mailing Address: **255 ALHAMBRA CIR. 9TH FLOOR CORAL GABLES FL 33134-5102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/14/1971** 3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-1362084** 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: 24. County: 25. Mailing Address: 26. State Apt # etc: 27. City & State: 28. Zip: 29. County: 30.

9. Name and Address of Current Registered Agent
**KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE, 9TH FLOOR
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3 City: B4 City: B5 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	KERRIGAN, JUANITA I. 255 ALHAMBRA CIR. CORAL GABLES FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V	JOHNS, DAVID F. 255 ALHAMBRA CIR. CORAL GABLES FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD	GETMAN, DENNIS J. 255 ALHAMBRA CIR. CORAL GABLES FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TVD	MCNAIRY, CHARLES 255 ALHAMBRA CIR. CORAL GABLES FL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing, voluntarily furnished and does not comply for the exemption stated in Section 119.031(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, of the report, or on an affidavit with an address.

SIGNATURE: *Juanita I. Kerrigan*
SECRETARY
JUANITA I. KERRIGAN

4/20/95 (306) 442-7000