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 # 404961

l961 (5)

K & S CONTRACTORS, INC.

FILED Feb 12 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address	Mailing Address			L GABLIS BERES MATEL MINTE INCH BILD 1121 259.7	BIB [1	\$1E(1) #	1811 81	AST MARLE U	•••
514 ANCLOTE ROAD		514 ANCLOTE ROAD								ı	
TARPON SPRINGS FL 34689-6701 US		TARPON SPRINGS FL 34689-6701 US			DO NOT WRITE IN THIS SPACE				i		
"						3. Date Incorporated or Qualified					
						07/14/1972				ı	
	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number				pplied	For
21						59-1401911			1	lot Appl	licable
Suite, Apt	. W. etc.	Suite, Apt #, etc.				5. Certificate of Status Desired				Additlo	
City & State		City & State	City & State					_		Required	
23		— •	28			6. Election Campaign Financing Trust Fund Contribution				May E I to Fee:	
Zip	Country	Zip	Coun	itry		8. This corporation owes or has paid the	OUT				
24	25	29	30	·		Personal Property Tax due June 30.		Yes		No.	•
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	red /	geni			
	OLFE, JOE R. PA			B1	Name					ı	i
	N. FT HARRISON AVE.		l i	B2	Street Addre	ss (P.O. Box Number Is Not Acceptable)					
CL	EARWATER FL 33515		- -	83							
									أحيا		
			[1	B4	City	F	=L	65	Zip	Code	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation familiar with and accept the obligation of the state and familiar with and accept the obligation of the state agent familiar with a state of the state of t	or Florida, Such change was a ations of, Section 607.0505, Flo	utnorized rida Statu	tes.	the corporation	oration submits this statement for the purposion's board of directors. I hereby accept the	appo	onan ointm	ging ent a	its registe	ered
12.	OFFICERS ANI		13.	-	***************************************	ADDITIONS/CHANGES TO OFFICERS		DIRE	сто	RS IN 1	2
TITLE	PD	☐ DELETE	1.1 TITL	E	i			c	nange	A	Addition
NAME	SCHIMKAT,RONALD E.		1.2 NAM	Œ						ı	
STREET ADDRESS	1247 RIDGEGROVE DR. S.		1.3 STRI	EET A	ADDRESS						
CITY-ST-ZIP	PALM HARBOR FL		1.4 C/TY		- ZIP						
TITLE	STD	☐ DELETE	2.1 TITU		ĺ				nange !	L A	Addition
NAME	SCHIMKAT, BETTY A.		2.2 NAM								
STREET ADDRESS	1247 RIDGEGROVE DR. S. PALM HARBOR FL		3		ADDRESS						
CITY-ST-ZIP TITLE	V	DELETE	2. 4 CIT		T-ZIP				02000		Addition
NAME	BITTLE, MARK	otten	3.2 NAM					ان <u>بـــ</u>	NO INTO	^	AURION
STREET ADDRESS	30233 ELAM ROAD				ADDRESS						
CITY-ST-ZIP	WESLEY CHAPEL FL		3.4. CIT								
TITLE		DELETE	4.1 7171	_	·		-	☐ Ci	nange	□ A	ddition
NAME			4. 2 NAN	AE							
STREET ADDRESS			43 STRE	ET A	ADDRESS					i	
CITY-ST-ZIP			4.4 City	4.4 CITY-ST-ZIP							. ,
TITLE		DELETE	5 1 TITL	E				☐ Ci	ıange	□ A	ddition
NAME			5.2 NAM	IE	İ				i		
STREET ADDRESS			5.3 STAE	ET A	NODRESS						
CITY-ST-ZIP		T priete	5.4 CITY		- ZIP			T.		 -	7.64
TITLE		□ DELETE	61700	ŀ	, I			C) C)	เลกกด		uddition

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 chapted, or on an attachment with an address.

SIGNATURE: Deriva Schem

NAME STREET ADDRESS

2/6/98

813-938-2528