FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G61899** **(2)**

1. Corporation Name

KENNARD CONSTRUCTION, INC.

Principal Place of Business

3225 SOUTHSIDE BLVD.
2
JACKSONVILLE FL 32216
US

Mailing Address

P.O. BOX 17156
JACKSONVILLE FL 32246-7156
US

2. Principal Place of Business
21

State, Apt. #, etc.
22

City & State
23

Zip 24 | Country 25

2a. Mailing Address
26

State, Apt. #, etc.
27

City & State
28

Zip 29 | Country 30

3. Date Incorporated or Qualified: **09/30/1983**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **59-1166009** ☐ 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

9. Name and Address of Current Registered Agent

KENNARD, THOMAS O., JR.
3225 SOUTHSIDE BLVD #2
JACKSONVILLE FL 32245

10. Name and Address of New Registered Agent

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, this 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 of Registered Agent if appointed in this report) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**KENNARD, THOMAS O., JR.**	1.2 NAME	
STREET ADDRESS	**3225 SOUTHSIDE BLVD #2**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**JACKSONVILLE FL**	1.4 CITY-ST-ZIP	
TITLE	**S** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**KENNARD, SUZANNA**	2.2 NAME	
STREET ADDRESS	**8260 ROCKHILL LN.**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**JACKSONVILLE FL**	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 added by an attachment with an address.

SIGNATURE: Thomas O. Kennard 2-2-96 904/642-9003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #