

**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 # **H96439 (5)**

1. Corporation Name

**A AND K CONSTRUCTION COMPANY INCORPORATED**



Principal Place of Business

Mailing Address

% THOMAS KING  
STAR ROUTE 2, BOX 9074  
TALLAHASSEE FL 32310-9412

% THOMAS KING  
STAR ROUTE 2, BOX 9074  
TALLAHASSEE FL 32310-9412

3. Date Incorporated or Qualified  
**01/29/1986**

3a. Date of Last Report  
**03/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 % Thomas King  
22 H.C. 2 Box 9074  
23 Tall. Fl.

26 % Thomas King  
27 H.C. 2 Box 9074  
28 Tall. Fl.

24 Zip **32310**

25 Country **FL**

29 Zip **32310**

30 Country **FL**

4. FEI Number  
**59-2634679**

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, THOMAS E  
HC 2, BOX 9074  
TALLAHASSEE FL 32310

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KING, THOMAS	
STREET ADDRESS	HC 2, BOX 9074	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	AARON, CHARLES	<i>No longer with Corp.</i>
STREET ADDRESS	4014 BISHOP ROAD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KING, SARAH F.	
STREET ADDRESS	HC 2 BOX 9074	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MERIDITH, JOHN	
STREET ADDRESS	RT 14, BOX 368 10T 7	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>No longer with Corp -</i>
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - 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:

*Thomas E. King*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

**3-12-96**

Daytime Phone #

**575-5767**

CR2E034 (12/95)