

# 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**

3. Date Incorporated or Qualified **01/29/1986** 3a. Date of Last Report **03/16/1995**  
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

2. Principal Place of Business 2a. Mailing Address  
21 **% Thomas King** 26 **% Thomas King**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **H.C. 2 Box 9074** 27 **H.C. 2 Box 9074**  
City & State City & State  
23 **Tall. Fl.** 28 **Tall. Fl.**  
Zip Country Zip Country  
24 **32310** 25 **Fla** 29 **32310** 30 **Leon**

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 **FL** 85 Zip Code

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 board if applicable

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

DATE

12. OFFICERS AND DIRECTORS  
TITLE PD ☐ DELETE  
NAME KING, THOMAS  
STREET ADDRESS HC 2, BOX 9074  
CITY - ST - ZIP TALLAHASSEE FL  
TITLE VD ☒ DELETE  
NAME AARON, CHARLES *No longer with Corp.*  
STREET ADDRESS 4014 BISHOP ROAD  
CITY - ST - ZIP TALLAHASSEE FL  
TITLE TD ☐ DELETE  
NAME KING, SARAH F.  
STREET ADDRESS HC 2 BOX 9074  
CITY - ST - ZIP TALLAHASSEE FL  
TITLE VD ☐ DELETE  
NAME MERIDITH, JOHN  
STREET ADDRESS RT 14, BOX 368 10T 7  
CITY - ST - ZIP TALLAHASSEE FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME *No longer with Corp.*  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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* *pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

**3-12-96**

Daytime Phone #

**575-5767**

CR2E034 (12/95)