

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 # J06113 (1)

1. Corporation Name

KOHLER CONSTRUCTION COMPANY, INC.



Principal Place of Business

6425 53RD ST. NO.
PINELLAS PARK FL 34665-5629

Mailing Address

6425 53RD ST. NO.
PINELLAS PARK FL 34665-5629

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/19/1986

3a. Date of Last Report

02/21/1995

4. FEI Number

59-2674229

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. 199.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 of Registered Agent (if not the same as the officer or director)

Signature of Registered Agent (if not the same as the officer or director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DMP	☐ DELETE
NAME	KOHLER, ALVIN W.	
STREET ADDRESS	1289 SNELL ISLE BLVD. NE	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	V	☐ DELETE
NAME	KOHLER, JOSEPH W.	
STREET ADDRESS	6425 53RD ST N	
CITY-STATE-ZIP	PINELLAS PARK FL	
TITLE	DC	☐ DELETE
NAME	PLEDGER, THOMAS R.	
STREET ADDRESS	450 AUSTRALIAN AVE S	
CITY-STATE-ZIP	WEST PALM BCH FL	
TITLE	S	☐ DELETE
NAME	FRAZIER, PATRICIA B.	
STREET ADDRESS	450 AUSTRALIAN AVE S	
CITY-STATE-ZIP	WEST PALM BCH FL	
TITLE	T	☐ DELETE
NAME	BETLACH, DOUGLAS J	
STREET ADDRESS	450 AUSTRALIAN AVE S	
CITY-STATE-ZIP	WEST PALM BCH FL	
TITLE	V	☐ DELETE
NAME	BEAUDET, DEBORAH E	
STREET ADDRESS	6425 53RD ST N.	
CITY-STATE-ZIP	PINELLAS PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	6425 53rd Street N
1.4 CITY-STATE-ZIP	Pinellas Park FL 34665
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	4440 PGA Blvd Ste 600
3.4 CITY-STATE-ZIP	Palm Beach Gardens FL 33410
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	4440 PGA Blvd Ste 600
4.4 CITY-STATE-ZIP	Palm Beach Gardens FL 33410
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	4440 PGA Blvd Ste 600
5.4 CITY-STATE-ZIP	Palm Beach Gardens FL 33410
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

Alvin W. Kohler

President

1/24/96

813-527-2077

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)