## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

# P93000043400 (9)

K.R.C. CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

## FILED Apr 15 1998 8:00am Secretary of State



rilliciparriace	a Of Dusiness	Mailing Address			
115 CAMDEN ROAD 115 CAMDEN ROAD					
PENSACOLA F	FL 32534	PENSACOLA FL 32534		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	7
				06/10/1993	
<b>A</b> D.I		De Mailing Address		4. FEI Number	Applied For
	ace of Business	2a. Mailing Address	745 CT	59-3190113	<del></del>
21 <u>3553</u>		26 3553 GE	erer o	38-3 180 1 13	Not Applicable
Sulte, Apt	#, <b>8</b> (C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		0.51.1.0.1.51	
City & State			EI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	SACOLA Country	28 YENSACOUR	Country		
Zip 33C	• • • • • • • • • • • • • • • • • • • •		¬ ' ' '	<ol><li>This corporation owes or has paid the c Personal Property Tax due June 30.</li></ol>	urrent year intangible  ☐ Yes ☐ No
24 325	9. Name and Address of Current		90	10. Name and Address of New Registered	
		Itogistorou Agoin	81 Name 1		7.19.11
I contract I KAN K (CV)					
115 CAMDEN ROAD 82 Street Address				ddress (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32534				53 GEEKER STREET	
			83		
			B4 City		85 Zip Code
				nsacola Fi	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named co	orporation 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	Ko. K. Com			4-/	0-98
SIGNATURE	Storature, typiod or pro ted name of registured agent	and title if appt-cable (NOTE:	Registered Agent signature re-		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Larsen, don r		1.2 NAME		
STREET ADDRESS	5806 MARGARETTA BLVD		1.3 STREET ADDRESS		į
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	COOK, WILLIS M III		2.2 NAME	•	
STREET ADDRESS	415-B HANNAH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	धा	DELETE	3.1 TITLE		Change Addition
NAME	<b>PE</b> LFREY, KELVIN		3.2 NAME		
	927 KATHLEEN AVE		3.3 STREET ADDRESS		
STREET ADDRESS	CANTONMENT FL				
CITY-ST-ZIP	VAITOUREUT LE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE					
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Otenna Address
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	Ş		6.4 CITY - ST - ZIP		
OH F OH AN			<b>=</b>		

14. Thereby 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 changed, or on an attachment with an address.

0 900 1/22,0420