

DOCUMENT # 299273

1. Entity Name
E.C. KENYON CONSTRUCTION CO., INC.

Principal Place of Business

4623 PARK STREET
PO BOX 7445
JACKSONVILLE FL 32205

Mailing Address

4623 PARK STREET
PO BOX 7445
JACKSONVILLE FL 32205

2. Principal Place of Business

4623 Park St.
Suite, Apt. #, etc.

3. Mailing Address

4623 Park St.
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32205

Country

Duval

Zip

32205

Country

Duval

6. Name and Address of Current Registered Agent

HERRING, DOUGLAS A
4623 PARK STREET
JACKSONVILLE FL 32205

4. FEI Number 59-1109049

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
HERRING, DOUGLAS A
12232 MESA VERDE TRAIL
JACKSONVILLE FL 32223

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VST
YOUNG, TIMOTHY W
10918 CREEKVIEW DRIVE
JACKSONVILLE FL 32225

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DC
KENYON, JEROME G
4617 AMHERST STREET
JACKSONVILLE FL 32205

Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in
indicated on this report or supplemental report is true and accurate and that my signature shall have the
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 69,
changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7(3)(i), Florida Statutes. I further certify that the information
effect as if made under oath; that I am an officer or director
itutes; and that my name appears in Block 11 or Block 12 if

904

, Pres. 1/4/01 389-2353

Date

Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90014 020 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)