

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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 562685 (8)

1. Corporation Name
JOHN KENNY CONSTRUCTION COMPANY

Principal Place of Business
% THEODORE J. KENNY, III
1238 NECK ROAD
PONTE VEDRA BEACH FL 32082-4112

Mailing Address
% THEODORE J. KENNY, III
1238 NECK ROAD
PONTE VEDRA BEACH FL 32082-4112



2. Principal Place of Business
21 1252 NECK RD
Suite, Apt. #, etc.

2a. Mailing Address
26 1252 NECK RD
Suite, Apt. #, etc.

City & State
23 PONTE VEDRA FL
Zip Country
24 32082 25 ST JAMES

City & State
28 PONTE VEDRA FL
Zip Country
29 32082 30 ST JAMES

3. Date Incorporated or Qualified
03/22/1978
3a. Date of Last Report
03/13/1996

4. FEI Number
59-1812989
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

9. Name and Address of Current Registered Agent

KENNY, THEODORE J., III
1238 NECK ROAD
PONTE VEDRA BEACH FL 32004

10. Name and Address of New Registered Agent

81 Name
KENNY THEODORE J III
82 Street Address (P.O. Box Number is Not Acceptable)
1252 NECK ROAD
83 P
84 City
PONTE VEDRA FL 85 Zip Code
32082

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: Theodore J. Kenny III 1/31/97
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KENNY, THEODORE J., III	
STREET ADDRESS	1238 NECK ROAD	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DENNEEN, JOHN P.	
STREET ADDRESS	1242 NECK ROAD	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1252 NECK RD
1.4 CITY - ST - ZIP	PONTE VEDRA
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1254 NECK RD
2.4 CITY - ST - ZIP	PONTE VEDRA
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Theodore J. Kenny III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)