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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # 562685

(8)

Mailing Address

## JOHN KENNY CONSTRUCTION COMPANY

| 1252 NECK RD<br>PONTE VEDRA BCH FL 32082<br>US | 1252 NECK RD<br>-1200-NECK FIOND<br>PONTE VERDRA BEACH FL 32082<br>US |           | DO NOT WRITE IN THIS SPACE   |                               |  |  |
|--|---|-----------|--|-------------------------------|--|--|
|  |   |           | 3. Date Incorporated or Qualified 03/22/1978   |                               |  |  |
| 2. Principal Place of Business                 | 26. Mailing Address<br>26. 1252 Nec                                   | K Rd.     | 4. FEI Number 59-1812989   | Applied For<br>Not Applicable |  |  |
| Suite, Apt. #, etc                             | Suite, Apt. #, etc.   |           | 5 Certificate of Status Desired 38.  | 75 Additional<br>se Required  |  |  |
| City & State                                   | 28 Ponfe Vedra L  | Beach     |  | .00 May Be<br>ided to Fees    |  |  |
| Z <sub>I</sub> p Country <b>25</b>             |   | f. John 3 | 8. This corporation owes or has paid the current ye Personal Property Tax due June 30. | ar Intang ble<br>☐ No         |  |  |
| 9. Name and Address of Current                 | Registered Agent  |           | 10. Name and Address of New Registered Agent   |                               |  |  |
| KENNY, THOEDORE J.,HI                          |   | 81 Name   |  |                               |  |  |
| 1252 NECK RD<br>P                              |   |           | ess (P.O. Box Number is Not Acceptable)  |                               |  |  |
| PONTE VEDRA BEACH FL 32082                     |   | 83        |  |                               |  |  |
|  |   | 84 City   | <b></b> 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| SIGNATURE.     | -   |                        |                                     |  |          |          |
|----------------|---|------------------------|-------------------------------------|--|----------|----------|
| SIGNATURE.     | Signature, typod or printed name of registered agent and is | le if applicable (NOTI | E: Registered Agent signature requi | ired when reinstating) DA                        | ĪE       |          |
| 12.            | OFFICERS AND DIRECTORS                                      |                        | 13.                                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 |          |          |
| TITLE          | P   | DELETE                 | 1.1 TITLE                           |  | ☐ Change | Addition |
| NAME           | KENNY, THEODORE J.,#I                                       |                        | 1.2 NAME                            |  |          |          |
| STREET ADDRESS | 1252 NECK RD  |                        | 1.3 STREET ADDRESS                  |  |          |          |
| CITY-ST-ZIP    | PONTE VEDRA BEACH FL  |                        | 1.4 CITY-ST-ZIP                     |  |          |          |
| TITLE          | V   | ☐ DETE1E               | 2.1 TITLE                           |  | ☐ Change | Addition |
| NAME           | DENNEEN, JOHN P.  |                        | 2.2 NAME                            |  |          |          |
| STREET ADDRESS | 1254 NECK RD  |                        | 2.3 STREET ADDRESS                  |  |          |          |
| CITY-S1-ZIP    | PONTE VEDRA BEACH FL  |                        | 2. 4 CITY-ST-ZIP                    |  |          |          |
| TITLE          |   | □ DELETE               | 3.1 TITLE                           |  | Change   | Addition |
| NAME           |   |                        | 32 NAME                             |  |          |          |
| STREET ADDRESS |   |                        | 3.3 STREET ADDRESS                  |  |          |          |
| City-st-zip    |   |                        | 3.4. CHTY-ST-ZIP                    |  |          |          |
| TITLE          |   | ☐ DELETE               | 4.1 TITLE                           |  | ☐ Change | Addition |
| NAME           |   |                        | 4. 2 NAME                           |  |          |          |
| STREET ADDRESS |   |                        | 4.3 STREET ADDRESS                  |  |          |          |
| CITY-S1-ZIP    |   |                        | 4.4 CITY-ST-ZIP                     |  |          |          |
| 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                  |  |          |          |
| 017/ 07 70     |   |                        | C 4 DITH CT 210                     |  |          |          |

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 suppliencental 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:

John Kenny

22 F034 (10/97)

**FILED** 

Mar 23 1998 8:00am

Secretary of State