

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90016 009 ***150.00

DOCUMENT # 562685

1. Corporation Name
JOHN KENNY CONSTRUCTION COMPANY

Principal Place of Business
**1252 NECK RD
PONTE VEDRA BCH FL 32082
US**

Mailing Address
**1252 NECK RD
PONTE VEDRA BEACH FL 32082
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1978

4. FEI Number

59-1812989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **1186 Ponte Vedra Blvd.**

26 **P.O. BOX 1183**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Ponte Vedra Beach, FL**

28 **Ponte Vedra Beach, FL**

Zip

Zip

Country

Country

24 **32082** 25 **USA**

29 **32004** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNY, THOEDORE J.,III
1252 NECK RD
P
PONTE VEDRA BEACH FL 32082**

81 Name

KENNY, THEODORE JOHN III

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

1186 PONTE VEDRA BLVD.

83

84 City

PONTE VEDRA BEACH

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **KENNY, THEODORE J.,III**

STREET ADDRESS **~~1252 NECK RD~~**

CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **V** ☐ DELETE

NAME **DENNEEN, JOHN P.**

STREET ADDRESS **1254 NECK RD**

CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

1186 PONTE VEDRA BLVD

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Kenny

1-27-99

904 285 0069

CR2E034 (11/98)