

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90074 030 ***150.00

DOCUMENT # 562685

1. Entity Name

JOHN KENNY CONSTRUCTION COMPANY

Principal Place of Business

~~512 FRESH POND RD~~
PONTE VEDRA BCH FL 32082
US

Mailing Address

PO BOX 1183
PONTE VEDRA BEACH FL ~~32082~~
US

926871



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

155 BAY COVE DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PONTE VEDRA, FL

City & State

4. FEI Number

59-1812989

Applied For

Not Applicable

Zip

32082

Country

USA

Zip

32004

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNY, THODEORE J., III
~~**1186 PONTE VEDRA BLVD**~~
PONTE VEDRA BEACH FL 32082

Name **SAME**

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

1254 NECK ROAD

City

PONTE VEDRA BEACH FL

Zip Code

32082

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNY, THEODORE J., III 512 FRESH POND RD PONTE VEDRA BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DENNEEN, JOHN P. 1254 NECK RD PONTE VEDRA BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 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

02/19/01

Date

285 0069

Daytime Phone #

CR2E034 (10/00)