

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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90110 045 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 822439

1. Corporation Name
KENNY CONSTRUCTION COMPANY

Principal Place of Business
250 NORTHGATE PARKWAY
P.O. BOX 909F
WHEELING IL 60090

Mailing Address
250 NORTHGATE PARKWAY
P.O. BOX 909F
WHEELING IL 60090



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1969	
21		26		4. FEI Number 36-2046200	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	Zip
30		30			

9. Name and Address of Current Registered Agent

RUEL G PATRICK
1024 S MIAMI AVE
MIAMI FL 33130

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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. 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

TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, R.P.	
STREET ADDRESS	250 NORTHGATE PARKWAY	
CITY-ST-ZIP	WHEELING IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENNY, GERARD	
STREET ADDRESS	250 NORTHGATE PARKWAY	
CITY-ST-ZIP	WHEELING IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENNY, JAMES	
STREET ADDRESS	250 NORTHGATE PARKWAY	
CITY-ST-ZIP	WHEELING IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENNY, JOHN E. JR.	
STREET ADDRESS	250 NORTHGATE PARKWAY	
CITY-ST-ZIP	WHEELING IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENNEDY, JACK	
STREET ADDRESS	250 NORTHGATE PARKWAY	
CITY-ST-ZIP	WHEELING IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSE, JOAN ELIZABETH	
STREET ADDRESS	250 NORTHGATE PARKWAY	
CITY-ST-ZIP	WHEELING IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 #

CR2E034 (11/98)