FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

823544 **DOCUMENT #**

(2)

M. B. KAHN CONSTRUCTION CO., INC.

Principal Place of Business Mailing Address							0191 31811 919	3 61611 61611 4)
P.O. BOX 1179 P.O. BOX 1179									
COLUMBIA S	OUTH CAROLINA 29202	COLUMBIA SOUTH CA	AROLINA 29	202					
						3. Date Incorporated or Qualified 11/13/1969		of Last Re 4/21/199	
2. Principal Pla	ce of Business	2a. Mailing Address 26			4. FEI Number Applied For 57-0347524 Not Applicable				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing	44144)			
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	, ' <u> </u>			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes No			
24	25 Name and Address of Curren	25 29 30 and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	9. Harrie and Address of Current	Trogistered Agent		81	Name	io. Hallo blio ricerco o Historia			
C T CORPORATION SYSTEM									
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 83	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
PLANIA	HON FL 33324			03					
				84	City		FL	, `	Code
or registere familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric h, and accept the obligations of, Secti	ia. Such change was authoriz	red by the c	ve-r corp	named corpor pration's boar	ration submits this statement for the pur rd of directors. Thereby accept the appr	pose of cha pintment as	inging its re registered	egistered office agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Registered	Agen	t signature require	d when reinstating)	DA E		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	VC	☐ DELETE	1.11	ITLE			[Change	☐ Addition
NAME	MCCALL, RONALD L.		1.2 N	AME					
STREET ADDRESS	HWY 555 AT FLINTLAKE RD		1.3 \$	rreet	ADDRESS				
CITY-ST-ZIP	COLUMBIA SC			-	T-ZIP				
TITLE	P	☐ DELETE	2.13	ITLE			Ĺ	Change	Addition
NAME	NEELY, WILLIAM H.		2.2 N						
STREET ADDRESS	HWY 555 AT FLINTLAKE RD		2.3 5	TREET	ADDRESS				
CITY-ST-ZIP	COLUMBIA SC			_	T-ZIP			T Change	Addition
TITLE	CEO	☐ DELETE	3 1 T				'	Change	☐ Addition
NAME	LIMAN EEE AT CLIMITI AVE DOAD			AME					
COLLINDIA CO					T ADDRESS				
CITY-ST-ZIP	VP VP	T) DELETE	3.4 C 4. 1 T	_	iI - ZiP			Change	☐ Addition
TITLE	CHISOLM, ROBERT A		4.2 N				'		
NAME	HIGHWAY 555 AT FLINTLAKI	FROAD	1		ADODE OC				
STREET ADDRESS	COLUMBIA SC	LITORD			ADDRESS				
CITY-ST-ZIP	COLONIDA CO	☐ DELETE	5. 1 T		iT-ZIP			Change	Addition
TITLE			5.1 N						
NAME etocci adodice					ADORESS				1
STREET ADDRESS					ST-ZIP				
CITY-ST-ZIP		DELETE	6.11		01 - ZUF			Change	Addition
TITLE		Doccor	6.2 N		İ		'		
NAME					ADDRESS				
STREET ADDRESS					T_7IP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. ROBERT A. CHIS HOW 3/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP. FLYAMIC DAYS SIGNATURE: