

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F53590** (8)

1. Corporation Name

KRASEMANN CONSTRUCTION COMPANY, INC.



Principal Place of Business

**24332 DORSEY SMITH ROAD
BROOKSVILLE FL 34601**

Mailing Address

**24332 DORSEY SMITH ROAD
BROOKSVILLE FL 34601**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1981		3a. Date of Last Report 03/22/1995	
21		26		4. FEI Number 59-2146527		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRASEMANN, ALAN K. 4070 GULF COAST DR SPRING HILL FL 34607				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				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 of corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRASEMANN, ALAN K.			1.2 NAME	Krasemann, Alan K.		
STREET ADDRESS	4070 GULF COAST DRIVE			1.3 STREET ADDRESS	3389 Rackley Road		
CITY- ST- ZIP	SPRING HILL FL			1.4 CITY- ST- ZIP	Brooksville, FL 34609		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	ST	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRASEMANN, LOIS			2.2 NAME	Krasemann, Lois		
STREET ADDRESS	4070 GULF COAST DR			2.3 STREET ADDRESS	3389 Rackley Road		
CITY- ST- ZIP	SPRING HILL FL			2.4 CITY- ST- ZIP	Brooksville, FL 34609		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY- ST- ZIP				3.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY- ST- ZIP				4.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY- ST- ZIP				5.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY- ST- ZIP				6.4 CITY- ST- ZIP			

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.

SIGNATURE: Alan K. Krasemann Alan K. Krasemann/P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

Date

352-796-4761

Daytime Phone #

CR2E034 (12/95)