

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001477 (9)

1. Corporation Name
TKI CONTRACTOR, INC.



Principal Place of Business
P.O. BOX 6747
GREENVILLE SC 29606

Mailing Address
P.O. BOX 6747
GREENVILLE SC 29606

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Organized
03/25/1993

3a. Date of Last Report
05/30/1995

4. FEI Number
57-0565140

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1501, 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 607.0501, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PCT	CHAMBERS, JOHN E	716 E. FAIRFIELD ROAD	GREENVILLE SC 29605	☐
VP	CHAMBERS, JOHN E. JR.	716 E. FAIRFIELD RD.	GREENVILLE SC 29605	☐
S	WILLIAM B. DENTON JR.	716 E. FAIRFIELD RD.	GREENVILLE SC 29605	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	25 TITLE	26 NAME	27 STREET ADDRESS
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	35 TITLE	36 NAME	37 STREET ADDRESS
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	45 TITLE	46 NAME	47 STREET ADDRESS
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	55 TITLE	56 NAME	57 STREET ADDRESS
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	65 TITLE	66 NAME	67 STREET ADDRESS
71 TITLE	72 NAME	73 STREET ADDRESS	74 CITY-STATE-ZIP	75 TITLE	76 NAME	77 STREET ADDRESS

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***200.00

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)(b), 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 or employee of the corporation 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 initial statement with an addition.

SIGNATURE: *W.B. Denton Jr.* W.B. Denton Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 864 277-8080

CR2E034 (12/95)

3-30-96