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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9300001477 (9)

TKI CONTRACTOR, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6747	P.O. BOX 6747
Greenville SC 29606	Greenville SC 29806-6747

## **FILED** May 08 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				r annimm (ten anene totta nngat metti Entit matta 404m usati Alkit santa 100a 100a					
P.O. BOX 6747 GREENVILLE SC 29606		P.O. BOX 6747 GREENVILLE SC 29806-6747							
						3. Date incorporated or Qualified 03/25/1993		e of Last 80/1996	
	lace of Business	2a. Mailing Address				4. FEI Number	٠		applied For
21		26				57-0565140			lot Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	<del></del>	City & State				6. Election Campaign Financing			
23	-	28				Trust Fund Contribution			<b>)</b> May Be I to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for i	nlangible I		
4	25	29	30			Florida Statutes	Yes 🚺	No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	Istered A	gent	
	CORPORATION SYSTEM		1	81	Namo				
1200 S. PINE ISLAND ROAD			-	82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
PLA	INTATION FL 33324		-	83					<del></del>
			[	84	City		FL	85 Zip	Code
agent. I a SIGNATURE	ım familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Stalu	ules.		poration submits this statement for the p tion's board of directors. I hereby accep			
40	Signature, typed or printed name of registered ag	ont and fire if applicable (I ID DIRECTORS	NOTE Registered	Ager	i signature requi	rod when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIDECTA	DO IN YO
12. TITLE	PCT	DELETE	1.1 1/1	1 F		ADDITIONS/CHANGES TO OFFICE		Change	
NAME	CHAMBERS, JOHN E	E Petere	1.2 NAI				'	Onlango	E Nosiii
STREET ADDRESS	716 E. FAIRFIELD ROAD	4			ADDRESS				
CITY-ST-ZIP	GREENVILLE SC 29605		1.4 CIT		Y				
TITLE	VP .	DELETE	21 100	_	<del></del>			Change	Additi
NAME	CHAMBERS, JOHN E. JR.		2.2 NA	ME	ļ				
STREET ADDRESS	716 E. FAIRFIELD RD.		2.3 STF	REET /	ADDRESS				
CITY-ST-ZIP	GREENVILLE SC 29605		2. 4 CIT	1Y-S1	(-ZIP				
TITLE	8	☐ DELE1E	3.1 111(	LE				Change	Additi
NAME	DENTON, WILLIAM B JR		32NAI		İ	* *			
STREET ADDRESS	716 E. FAIRFIELD RD. GREENVILLE SC 29605		1		ADDRESS				
CITY-ST-ZIP TITLE	GREENVILLE SC 28003	DELETE	3.4. CIT 4.1 7(1)		ZIP			Change	Additi
NAME	*	DECEME	4.2 NA				,	— outube	L.J HOURI
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 DiT						
TITLE	<u></u>	DELETÉ	5.1 <b>I</b> /II					Change	Addili
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 \$TA	REE1 A	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y- \$1	- 21P				
TITLE		☐ DELETE	61][[	LE				Change	Additi
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 \$1 R	REET A	ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-\$1	- ZIP		<del></del>		

t do 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 trusted 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 attachor and with an address.