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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

G01555 **DOCUMENT #**

KEENE CONSTRUCTION COMPANY OF CENTRAL FLORIDA, I NC.

Principa' Place of Business

Mailing Address



756 HUMPHRIES AVENUE		756 HUMPHRIES AVENUE						
ORLANDO FI	L 32903	ORLANDO FL 3280)3		3. Date incorporated or Qualified	2a Date	of Lact D	enod
					09/28/1982	3a. Date o	4/24/19	
2. Principal Plac		2a. Mailing Address			4. FEI Number			Applied For
	ope Road	26 1400 Hope	Road		59-2220445		^1	Not Applicable
Suite, Apt. #	, etc.	Suite Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required
City & State Maitla	nd, Florida	City & State 28 Maitland,	Flor.	ida	Flection Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zφ 32751	Country 25 Orange	^{Ζιρ} 29] 32751	30	Country Orange	8. This corporation has liability for in Florida Statutes Yes		under s	199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered A	gent	
				81 Name				
	I, C. DAVID, II		82 Street Add		ress (P.O. Box Number is Not Acceptab	le)		
	ND CENTER-4TH FLOOR INDERLEY PLACE	83				·		
	ND FL 32751							
mrv i LPV	ITU I L UEIVI			84 City		FL	85 Z ₁	o Cade
11. Pursuant to	the provisions of Sections 607.0503	2 and 607 1508, Florida Stat	tutes, the	above named corpo	ration submits this statement for the pur		LLL naina its ri	eastered offic
or registere	ed agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was autho tion 607 0505. Etorida Statid	rized by t	the corporation's boa	ard of directors. Thereby accept the appo	ointment as r	egistered	agent Lam
	, and decept the obligations of exist	adir dar .coco, i kanda dia.di	100					
SIGNATURE . s	Signature, typied or printed has a colonyleters to speci	Car Differ diagram salik	ONORE FALLE	Stered Agrant signature require	ed when reprotein gr	DATE		•
2.		ID DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTO	R\$ IN 12
ITE	CS	DELETE		1 1 TITLE	·) Change	Addition
AME	KEENE, GARY L			1.2 NAME				
TREE1 ADDRESS	756 HUMPHRIES AVE.			1.3 STREET ADDRESS				
	ORLANDO FL			1.3 STREET ADDRESS 1.4 CHY+S1-ZIP		MA 1880 WA' - FF . FAMILIAN		
TY-ST-ZIP	ORLANDO FL PT	☐ DEL€1E					C hange	Add tion
ITY-ST-ZIP ITLE	Orlando fl Pt Whitehill, David a	□ D£L€1E		1.4 City - St. ZiP			Change	Add tion
ITY-ST-ZIP TLE AME	ORLANDO FL PT WHITEHILL, DAVID A 810 QUINNWOOD LANE	☐ DELÉ IE		1.4 CHY+SP_ZIP 2.1 TITLE			C hange	Add tion
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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 or changed, or on any attachment with an address.

SIGNATURE:

SNING OFFICER OR DIRECTOR