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

**FILED** Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DÓCUMENT # G01555 KEENE CONSTRUCTION COMPANY OF CENTRAL FLORIDA, 1 NC. Mailing Address Principal Place of Business 1400 HOPE RD 1400 HOPE ROAD MAITLAND FL 32751 MAITLAND FL 32751 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1982 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 59-2220445 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Zip Country X Yes Personal Property Tax due June 30. 24 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name C T Corporation System 81 BROWN, C. DAVID, H MAITLAND CENTER-4TH FLOOR Street Address (P.O. Box Number is Not Acceptable) 82 1051 WINDERLEY PLACE 1200 S. Pine Island Road 83 MATLAND FL 32751 Zip Code 33324 84 City **Plantation** 11. Pursuant to the provisions of Sections 697.0502 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, if W. State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am tantiliar with, and accept the oppling fons of Section 607.0505, Florida Statutericky GOLDSTEIN SPECIAL ASSISTANT SECRETARY SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE Addition 1.1 TITLE TITLE KEENE, GARY L 1.2 NAME NAME 1400 HOPE ROAD 1.3 STREET ADDRESS STREET ADDRESS MAITLAND FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETÉ 21 TITLE TITLE WHITEHILL DAVID A 2.2 NAME NAME 810 QUINNWOOD LANE STREET ADDRESS 23 STREET ADDRESS MAITLAND FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE KEENE, GARY L. NAME 3.2 NAME 1400 HOPE ROAD STREET ADDRESS 3.3 STREET ADDRESS maitland fl CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TIT) F 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP rgogo24561⊕<sup>9™</sup> Addition DELETE 6.1 TITLE TITLE 6.2 NAME -03/13/98--01009--015 NAME **6.3 STREET ADDRESS** STREET ADDRESS \*\*\*150.00

6.4 CITY-ST-ZIP

216 bo 11 240-6116

14. Thereby 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 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.

CITY-ST-ZIP