

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G68456** (4)

1. Corporation Name

K. J. L. AND COMPANY, CONTRACTORS, INC.



Principal Place of Business

Mailing Address

**3717 DEL PRADO BLVD.
STE. 4
CAPE CORAL FL 33904-6038
US**

**3717 DEL PRADO BLVD.
STE. 4
CAPE CORAL FL 33904-6038
US**

3. Date Incorporated or Qualified
11/09/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **4427 SE 19TH AVE**

26 **4427 SE 19TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 **CAPE CORAL FL**

28 **CAPE CORAL FL**

24 **33904**

29 **33904**

25 **Lee**

30 **Lee**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KARPINSKI, CHARLES F.
4427 SOUTHEAST 19TH AVENUE
CAPE CORAL FL 33904**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, applicable

(If NOT Registered Agent signature required, when consulting)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **KARPINSKI, CHARLES F.**
STREET ADDRESS **4427 S.E. 19TH AVENUE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles Karpinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/96
7415491585
Digitally signed by Charles Karpinski

CR2E034 (3/96)