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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # H09119

(9)

EKS, CONSTRUCTION, INC.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 402 HIGH PT DR 402 HIGH PT DR. COCOA FL 32926-6621 COCOA FL 32928-6835 3. Date incorporated or Qualified 3a. Date of Last Report 06/21/1984 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2432508 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Bo 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PEEPLES, JAMES W., III, ESQUIRE Malcolm R. Kirschenbaum Street Address (P.O. Box Number is Not Acceptable **505 NORTH ORLANDO AVENUE** 82 **COCOA BEACH FL 32931** 83 84 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 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** (NOTE: Registered Agent signature required when reinstalling) o agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change 1.1 1170 TITLE MCDANIEL, LARRY NAME 1.2 NAME 402 HIGH PT DR. 1.3 STREET ADDRESS STREET ADDRESS **COCOA FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Channe Addition TITLE 2.1 101(6 KIRSCHENBAUM, MALCOLM R. 22 NAME NAME 402 HIGH PT DR. STREET ADDRESS 23 STREET ADDRESS **COCOA FL** CITY-ST-ZIP 2. 4 CHTY - ST- ZIP DELETE Change Addition 3.1 THILE TITLE DIDOMENICO, PATRICK E. NAME 402 HIGH PT DR. 3.3 STREET ADDRESS STREET ADDRESS **COCOA FL** CITY-ST-ZIP 3.4. C(1Y - S1 - ZIP DELETE Change Addition 4.1 THE TITLE 4. 2 NAMS STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-7/P CITY-ST-ZIP Change Addition DELETE

14. I 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 porporation 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.

6.3 STREET ADDRESS

6.4 CHY-\$1-7IP

6.1 THEE 6.2 NAME

11/19/09 /10/129 11021