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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # H33161 (1)

1. Corporation Name
KEENAN, HOPKINS, SCHMIDT AND STOWELL CONTRACTORS, INC.

Principal Place of Business: **3919 RIGA BLVD TAMPA FL 33619 US**
Mailing Address: **3919 RIGA BLVD TAMPA FL 33619 US**



3. Date incorporated or Qualified: **12/07/1984**
3a. Date of Last Report: **03/15/1995**
4. FEI Number: **59-2471479**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**KEENAN, MARK A.
500 PICKFORD POINT
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **500001821015**
83 City, State, Zip: **05/14/96--0119--001**
84 City, State, Zip Code: ******225.00 ****225.00 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: _____ (NOTE: Registered Agent Signature Required when registering.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KEENAN, MARK	
STREET ADDRESS	3919 RIGA BLVD	
CITY- ST- ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOPKINS, DANIEL	
STREET ADDRESS	3919 RIGA BLVD	
CITY- ST- ZIP	TAMPA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	AUTEN, JUDY A	
STREET ADDRESS	3919 RIGA BLVD	
CITY- ST- ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	STOWELL, DAVID	
STREET ADDRESS	3919 RIGA BLVD	
CITY- ST- ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEMGESBERG, TONY L.	
STREET ADDRESS	3919 RIGA BLVD	
CITY- ST- ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COSTELLO, PETER K.	
STREET ADDRESS	3919 RIGA BLVD	
CITY- ST- ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BENARD, PAUL	
1.3 STREET ADDRESS	2824 COUNTRYSIDE BLVD.	
1.4 CITY- ST- ZIP	CLEARWATER FL 34621	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CANNON, MIKE	
2.3 STREET ADDRESS	6607 HONEYBEAR COURT	
2.4 CITY- ST- ZIP	TAMPA FL 33625	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LONDON, JOHN	
3.3 STREET ADDRESS	670 MOSSY BRANCH COURT	
3.4 CITY- ST- ZIP	LONGWOOD FL 32779	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Michael R. Cannon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL R. CANNON, VICE PRESIDENT

05/08/96 813/628-9330
Date Daytime Phone

CR2E034 (12/95)