

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

**FILED**

**Feb 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **3915 Riga Blvd**

22 Suite, Apt. #, etc.

23 **Tampa FL**

24 **33619** 25 **US**

26 **3915 Riga Blvd.**

27 **Tampa FL**

28 **33619** 29 **US**

3. Date Incorporated or Qualified: **12/07/1984**

4. FEI Number: **59-2471479** Applied For:  Not Applicable:

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

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)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

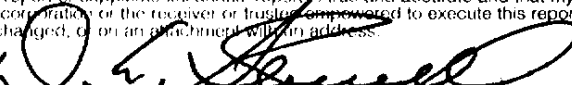
12. OFFICERS AND DIRECTORS

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	V	<input type="checkbox"/> DELETE
NAME	BENARD, PAUL	
STREET ADDRESS	2824 COUNTRYSIDE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 34621	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 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: 

CR2E034 (10/97)