

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33161

FILED
Jan 04, 2012
Secretary of State

Entity Name: KEENAN, HOPKINS, SCHMIDT AND STOWELL CONTRACTORS, INC.

Current Principal Place of Business:

5422 BAY CENTER DRIVE
SUITE 200
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

5422 BAY CENTER DRIVE
SUITE 200
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-2471479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANNON, MICHAEL R
5422 BAY CENTER DRIVE
SUITE 200
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: CANNON, MICHAEL R
Address: 5422 BAY CENTER DRIVE, SUITE 200
City-St-Zip: TAMPA, FL 33609

Title: SECR
Name: LUKER, ROBERT C
Address: 5422 BAY CENTER DRIVE SUITE 200
City-St-Zip: TAMPA, FL 33609

Title: DSRV
Name: HEMGESBERG, TONY L
Address: 5422 BAY CENTER DRIVE, SUITE 200
City-St-Zip: TAMPA, FL 33609

Title: DSRV
Name: COSTELLO, PETER K
Address: 5422 BAY CENTER DRIVE, SUITE 200
City-St-Zip: TAMPA, FL 33609

Title: DV
Name: GIBBONS, THOMAS J
Address: 5422 BAY CENTER DRIVE, SUITE 200
City-St-Zip: TAMPA, FL 33609

Title: DP
Name: CANNON, MICHAEL R
Address: 5422 BAY CENTER DRIVE SUITE 200
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL R CANNON

PRES

01/04/2012

Electronic Signature of Signing Officer or Director

Date