

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

FILED

**Mar 26 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H33359 (1)
 1. Corporation Name
ROGER KENNEDY CONSTRUCTION, INC.



Principal Place of Business 270 S. NORTH LAKE BLVD. STE. 108 ALTAMONTE SPRINGS FL 32701 US	Mailing Address 270 S. NORTH LAKE BLVD. STE. 1008 ALTAMONTE SPRINGS FL 32701 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 12/10/1984	
4. FEI Number 59-2479056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KNADLE, MICHAEL D. 270 S. NORTH LAKE BLVD. STE. 108 ALTAMONTE SPRINGS FL 32701	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 _____
 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	KNADLE, MICHAEL D.
STREET ADDRESS	270 S. NORTH LAKE BLVD., STE. 1008
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	VDT <input type="checkbox"/> DELETE
NAME	KENNEDY, ROGER B.
STREET ADDRESS	270 S. NORTH LAKE BLVD., STE. 1008
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	KENNEDY, JR. R
STREET ADDRESS	270 S. NORTH LAKE BLVD., STE. 1008
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BARON, PHILLIP G
STREET ADDRESS	270 S. NORTH LAKE BLVD., STE 1008
CITY-ST-ZIP	ALTOMONTE SPRINGS FL
TITLE	VPC <input type="checkbox"/> DELETE
NAME	THEROUZ, DEBORAH A.
STREET ADDRESS	270 S NORTH LAKE BLVD STE 1008
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Deborah A Theroux
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)