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FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90025 042 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H33359

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1984

4. FEI Number

59-2479056

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ 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 title 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	ALTAMONTE 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	THEROUX, DEBORAH A.
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, with all other like empowered.

SIGNATURE: *Deborah A. Theroux*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 (407) 831-1809

Date

Daytime Phone #

CR2E034 (11/98)