

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 11:01:53

DOCUMENT # H68771 (5)

1. Corporation Name
KLEEN, J.E. GENERAL CONTRACTORS, INC.

Principal Place of Business
~~400 SOUTH FEDERAL HWY~~
~~DAVIA FL 33004~~
~~US~~

Mailing Address
~~400 SOUTH FEDERAL HWY~~
~~DAVIA FL 33004~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1985 3a. Date of Last Report 04/06/1994

4. FEI Number 59-2566905 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 has indicated its eligibility for USBC § 100-035 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 19150 CARRIAGE LANE 26 19150 CARRIAGE LANE
Suite Apt #, etc Suite Apt #, etc
22 27
City & State City & State
23 West Palm Beach 28 West Palm Beach
24 33414 25 Palm Beach 29 33414 30 Palm Beach

9. Name and Address of Current Registered Agent
KLEEN, J. E.
~~427 SANTA CLARA TR.~~
W. PALM BEACH FL 33414

10. Name and Address of New Registered Agent
81 Name Kleen, J.E.
82 Street Address (P.O. Box Number is Not Accepted) 19150 CARRIAGE LANE
83
84 City West Palm Beach FL 85 Zip Code 33414

11. Pursuant to the provisions of Sections 607.0507 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1. TITLE	PRES
NAME	KLEEN, JAMES E.	2. NAME	KLEEN, JAMES E.
STREET ADDRESS	427 SANTA CLARA TR.	3. STREET ADDRESS	19150 CARRIAGE LANE
CITY, ST, ZIP	W. PALM BEACH FL	4. CITY, ST, ZIP	West Palm Beach, FL 33414
TITLE	D	21. TITLE	Secy
NAME	KLEEN, CARLA	22. NAME	KLEEN, CARLA
STREET ADDRESS	427 SANTA CLARA TR.	23. STREET ADDRESS	19150 CARRIAGE LANE
CITY, ST, ZIP	W. PALM BEACH FL	24. CITY, ST, ZIP	West Palm Beach, FL 33414
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 person or persons 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:
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLA J. KLEEN

5/26/95 (10) 288-0916